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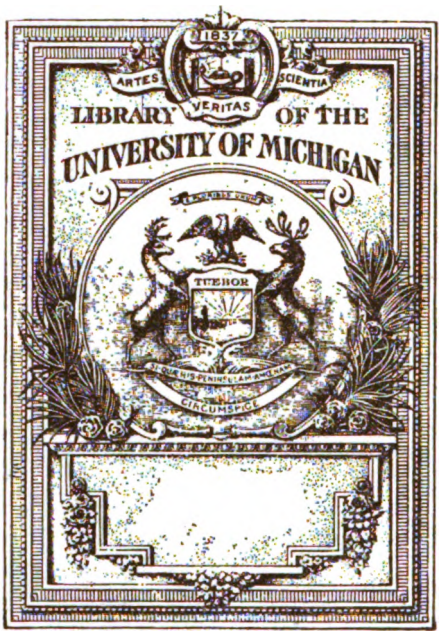

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Summary Gleanings

Smell of spirits of camphor, or hold warm fresh ashes up against the nose, is good for nose bleed.

One drop of the tincture aesculus hippocast, in a tablespoonful of water, taken before meals, and on retiring at night, will cure almost any case of piles in a week.

In indigestion, where gaseous eructations follow soon after eating, and the digestion is very slow, hydrochloric acid is specifically indicated.

For felon, apply at as early a stage as possible cloths saturated with the tincture of lobelia, and the felon will vanish.

For neuralgia of face and head, into two tablespoonfuls of cologne put two teaspoonfuls of salt; smell and be well.

Thymol and gallic acid will cure quite a large proportion of the cases of chyluria. Thymol is fatal to the filadia sanguinis hominis.

For vomiting of pregnancy drink freely of hop tea.

Hot water is the best thing to give in case of vomiting from etherization.

Sulphur powder blown through a tube into the throat upon the patches, is said to dissolve the pseudo-membrane and cure the disease.

Sulphuric acid dilute, in officinal doses, is one of our best remedies for diarrhea, especially of children teething.

A sign of Bright's Disease is momentary deadness or numbness of a finger.

Epilepsy has been cured with peach root tea; adult, three or four ounces of the infusion daily.

For pain apply a bag of hops hot; dry, or wet by being steeped in hot water.

For nose bleed snuff into the nostrils the dust of hops; nothing better.

For gathered breasts hops, stewed in lard, applied as a poultice.

For croup, cubebs powdered (six ounces in a vessel), place over a fire, and have the patient inhale the fumes.

Gout, rheumatism and neuralgia may be rubbed away in three days with the oil of horse chestnut.

Apply cocaine, twenty grains, in solution, on cotton in epithelioma. After thirty minutes the mass will fall away by slightest touch, and the parts heal kindly.

For sick headache a few drops of the tincture of chionanthus; timely taken, prevents sick headache without fail. The same is specific for catarrhal jaundice.

Germ diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917 pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

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MARCH, 1920

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

Vol. XLII

R. H. ANDREWS, M.D., Editor & Proprietor

2321 PARK AVE., PHILADELPHIA, PA.

No. 1

ESTABLISHED 1879

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a great many physicians have found so efficient and dependable a means of insuring complete and satisfactory recovery in the majority of cases of influenza, that they have come to employ it as a matter of routine.

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PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

Vol. XLII Philadelphia, May, 1920 No. 3

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CACTUS

This is considered a very valuable sedative and tonic to the heart, especially in functional disturbances. The best results are obtained from a fresh green tincture, the dose of which is one minim frequently repeated. It is especially serviceable in the weak and irregular hearts of neurasthenics. It acts through the intercardiac ganglia and accelerator nerves and improves the nutrition of the heart. It produces no irritation of the heart muscle like strophanthus and is without cumulative action.

HOW GEORGE WASHINGTON'S CASE WAS (MIS)TREATED

The practice of medicine today is far from being all that we might desire, but it has certainly made great strides since George Washington's time. It will be remembered that the Father of His Country had a rather sudden and startling death, so often recalled in newspapers and magazines. The venerable ex-president had been making the rounds of his plantation on horseback on a day when the weather was very inclement. That night he became ill and before morning suffered from hoarseness and embarrassed breathing. We have never heard of a name given to his disease, but it was perhaps edema of the glottis, trachea and bronchi. There may have been pulmonary hyperemia which may or may not have been a precursor of pneumonia. A physician was sent for but pending his arrival Washington ordered a servant to bleed him, which was done. About a half-pint of blood was extracted when he became faint, and at the behest of Mrs. Washington the procedure was stopped. When the doctor arrived the patient was given another good bleeding. They tried to administer a concoction of vinegar, honey, etc., but the poor man could not swallow it. He was permitted to inhale the steam from vinegar in boiling water, which was one harmless feature of the treatment. Sal volatile was also applied to his neck. Consulting physicians arrived a little later and the immortal patient was subjected to another good bleeding. It has been stated that the

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blood-letting was so thorough in his case that the man was almost exsanguinated, at least very much depleted and exhausted. They then gave him calomel and tartar emetic in the doses then customary.

The great man being well along in years and having a severe acute trouble like this was probably doomed, but as we view the matter in retrospect our one conclusion is that the treatment did not give him the best possible chance to survive.

PRINCIPLES OF TREATMENT

The men who succeed best in medicine have best the power of impressing on their patients a belief that they are going to get well and that everything possible is being done for them, according to Dr. Robert Hutchison in *Practitioner*. "He is the best physician who is the best inspirer of hope." In prescribing diet the individual must come first and the disease afterward, because idiosyncrasy, personal peculiarity, applies more to diet than to almost anything else. In acute diseases, thinks the writer, it is well to state in writing what he is to eat; in chronic diseases it is well to state in writing a list of the things he is not to eat and leave the rest to his own choice. Before ordering any particular article of diet find out how he likes it, and how it agrees with him. Never forbid a very good article without a very good reason. In chronic diseases variety must be retained at all costs, so if an article disagrees it is better to reduce the amount than forbid it. When changes in diet are necessary it is better to make them gradually than suddenly. In many cases drugs are not needed but in many others they are. When they are needed we should know just what we can do with them and use them boldly. As far as possible it is best to use one active drug at a time, but occasionally better results can be obtained from two or three or more drugs so combined as to secure teamwork.

Beauty is more than skin deep, according to the United States Public Health Service. Natural beauty is usually a sign of health that comes from keeping the body clean and getting plenty of outdoor exercise.

CAMPHOR

This old remedy has ever been used empirically and as a household cure-all. It is classed in textbooks as a stimulant, diaphoretic, sedative, expectorant, antiseptic, analgesic and antipruritic. If all this be true a physician ought to be able to practice medicine pretty well with it alone. Camphor gained its great reputation as a therapeutic agent in cholera, perhaps due to the fact that its slow absorption in a depressing condition like cholera would afford valuable stimulation to the nervous system. Camphor in proper dosage is very useful in nervous headaches, nervous depression and the early stage of a cold in which there is vasomotor disturbance. The best preparations are the spirit and the monobrated. It should be remembered that camphor is not without toxic effects and is therefore not entirely free from danger. The results of a toxic dose are vomiting, cyanosis and delirium, and even convulsions in extreme cases.

FORTHCOMING ARTICLES

In this number of SUMMARY appears an article by Dr. H. W. Long, of Peoria, Ill., on dementia precox, the most common type of insanity which is now crowding our asylums to their utmost capacity. The story will be plain and practical rather than abstruse and bookish, and will appeal especially to the general practitioner. In subsequent articles the same author will deal with other types of neurotic and psychotic affections, such as melancholia, hypochondria, as well as the various phobias and obsessions. We are informed that Dr. Long has had considerable experience in this class of cases not only in private practice but also as an officer in Uncle Sam's army across the sea and he will doubtless draw on his wide range of clinical observation in making stories that will prove to our readers in a high degree interesting. The author will also set forth many interesting points in applied suggestion and mental therapy that will prove of value to the general practitioner, the man on the firing line, in the management of the ever-growing type of ailments usually catalogued as the neuroses and psychoses. We trust that SUMMARY readers will miss none of these articles.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

DEMENTIA PRECOX

By H. W. Long, M.D.

(Note—*In these short papers no attempt will be made to enter into an exhaustive discussion but only to call attention to certain phases leading up to the condition under study. This, of course, will lead us to consider some possible causes and conditions of the mental and nervous system which may be discovered early and which, if given adequate attention and treatment, may save a few shipwrecks.*)

The prevalence of dementia precox is becoming more and more alarming. Recent estimates have it that one-half of the folk receiving institutional care suffer from this affection, and still further do we notice the statement that of all the new admissions into institutions, from seventy-five to eighty per cent. are dementia precox. The present crowded condition of all institutions given over to the care of the indigent mental incompetents would indicate to even the superficial observer that we are making rapid progress in the wrong direction and that their maintenance is very rapidly becoming a very heavy burden on the taxpayer, and that it is very rapidly increasing because of the ever-increasing number of this class of patients, and because of the improved methods of care now given to them. So, therefore, it would seem that we are in a "vicious circle" which is becoming more and more vicious. How are we to break the "circle"?

The question is engaging the attention of some of our brightest thinkers, also much research is being done toward the solution of that question. My chief aim will be to engage the attention of the physician who sees the patient first, i. e., the family physician who is in position to become intimately acquainted with his patients by knowing the individual and family peculiarities. Many peculiarities are very kindly overlooked by friends and neighbors and unless such peculiarities are vicious or very noticeable they are considered of little importance.

As a matter of fact, in many cases the peculiar habits and traits are covered up with such cunning and skill by the patient and his family to such a degree that a stranger or even the specialist must spend a lot of time and infinite care to get a reliable history. It is being demonstrated with considerable frequency that a large per cent. of these patients are curable or that they may be rendered able to care for themselves if placed under proper care *early*. To wait until the reason has become dethroned very materially the number of recoveries are fewer and are secured at a much greater disadvantage.

Apparently the loss of reason in these cases is sudden and without cause very frequently, but a careful study reveals the fact that this is rarely, if ever, the facts in the case. Many peculiarities, habits, tricks and unusual methods of speech, etc., have escaped the patient's family and friends until the break comes. Then many things can be recalled which were a little out of the ordinary—a number of things a little off-color that are more to the point. Many of those peculiar and unusual mental functionings can be traced back to childhood. It will, perhaps, be recalled that the individuals were extremely timid, retiring and over-sensitive, given to excesses and peculiar and unusual habits that were not always easily corrected.

Formerly it was believed quite generally that it was only the dull, apathetic and colorless children who were in danger of losing their balance. It has been found that, quite to the con-

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trary, many dementia precox cases during childhood and school days were equal to or above average intelligence. It will be noted, however, that this intelligence has a tendency to be bright in spots and dull or undeveloped in others. They will show a tendency to be a bit too emotional or show nervous instability, flightiness, day dreaming, undue sensitiveness, reticence, and given to fits of "blues" and abnormal fears. Perhaps one of the most important features is the *retiring sensitiveness*. They are subject to outraged feelings and mental shocks and are prone to suffer their grievances in silence and alone, or, as is commonly expressed, "submerge" their thoughts and feelings.

Now we are coming more and more to see that to retain possession of unpleasant and erroneous thoughts and feelings is even more unpleasant and disastrous than trying to retain an indigestible meal, because the mind does not so easily forget an insult or shock, although the submerging may be so well done that the patient will be unable without assistance to recall the occasion. This, to our mind, simply indicates a weak link which is made weaker from the retention of poisons (let us call it) by the submerging process of handling the situation. So that during a stress of some sort which may or may not be related to the original stress or shock the break comes, the wires get crossed and the wheels fly out of gear.

The dethronement of reason may appear suddenly and may be complete or only partial. I will relate a recent case to illustrate this point: A young woman was brought in from her honeymoon very much excited with reason partially dethroned. She was given a psychoexanalysis by two physicians of much more than usual skill and experience in handling such cases. It was brought out that during her girlhood days a hired man got into bed with her. This event was passed over for a number of years and she was apprently perfectly normal and happy teaching school. Everything went well until an attempt was made to undergo sex relations with her husband when she became excited and unable to control herself. She rapidly became unmanageable and had to be sent to an institution. The psychoexanalysis in this case increased the excitement and fears of the patient. No marked improvement was noted until a volume of *"Sane Sex Life and Sane Sex Living" was placed in her hands. Only little effect could be noticed from the first reading, but after going over it several times and finally reading it with her husband, she became fully reconciled, quiet and composed. The last report is that she is now enjoying life to the full.

In this case the shock, submerged as it was, operated to distort and disturb the sexual feeling and sense to an extent that the normal sex relationship could not only not be engaged in but acted as the acute, exciting cause for the dethronement of the reason. Such a violent reaction, of course, is fortunately a less frequent one than many which render husbands and wives in a greater or less length of time unattractive to each other, and finally repulsive, the popular remedy for such being just now the divorce courts.

A subsequent article will deal with the management of nervous and so-called incorrigible children.

Peoria, Ill.

MERCURIC IODIDE IN THE TREATMENT OF SYPHILIS

Dr. R. L. Spittel writes enthusiastically about the use of mercuric iodide intravenously in the treatment of syphilis. The composition of the solution is as follows:

℞ Mercuric iodide	gr. 50
Sodium (or potassium) iodide	ʒ viij
Phenolphthalein (0.5% solution)	♏ 20
Sodium hydrate (25% solution)	ʒ ij
Distilled water, to	ʒ 40

The dose for an adult is 8 to 12 c.cm., given intravenously. The injection is tolerated well. Slight untoward symptoms, such as chill, fever, abdominal pains, etc., may supervene after large doses. The syphilitic lesions disappear very quickly. In nerve spyhilis especially some of the finest results are obtained. The duration of treatment depends on the case. It is advisable to continue mercury and iodide of potassium by the mouth for eight to twelve months.—*The Lancet.*

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* Published by the Badger Company, Boston.

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NEW FACTS ABOUT CHARCOAL

By Thomas J. Allen, M.A., M.D.

Sparkling diamonds are far less valuable than that commoner form of carbon, charcoal.

"To augment weight," says the Medical Summary (January), "take fifteen grains of charcoal with each meal"; and, the same authority makes charcoal the chief ingredient of "the world's best tooth powder, to cure and prevent diseased gums and to sweeten the breath."

"You can't kill a hog that is fed charcoal regularly, except with an axe," said an Illinois banker who had made a fortune from a special brand of hog products, paying a compliment at the dinner table to my practice, followed for many years while I was in sanitarium work, of furnishing a teaspoonful of charcoal with each meal.

"We give charcoal to all our stock," said the wife of the secretary of an Illinois Better Farming Association, "and I have lost far fewer chickens since I have been giving charcoal to my chickens regularly, but it never occurred to me that it might be a good thing for the children to have it regularly."

Another medical journal says that charcoal is now recognized, in Switzerland, as an antidote for false mushroom poisoning.

Last summer I advised a neighbor of mine to take yeast for relief from a distressing eruption on the face. He had been using charcoal tablets for the relief of gas after eating. The yeast soon corrected the eruption, and, in the meantime, he observed that the yeast and the charcoal taken together greatly improved the digestion and entirely prevented the gas. This led me to make some observations on the use of both remedies separately and together that have given interesting results that are, I am sure, new to the profession.

I had used charcoal for twenty years without observing some of the important facts here mentioned, as I had known of the use of yeast for therapeutic purposes without recognizing its great value as an antidote for auto-intoxication. Most physicians now advise the use of yeast, at least in special cases, and charcoal is quite generally used, but few recognize the great benefits to be derived from both combined.

In bread-making, gas is the object of the yeast, but seldom is there any advantage in raising the patient. Charcoal absorbs gas, but that is not the only benefit from combining it with yeast. A little observation will convince any one that certain benefits are derived from the combination that can not be credited to either separately—even admitting that we have much to learn about the remarkable things that both yeast and charcoal will do separately.

Charcoal "augments fat", probably because it improves nutrition by antidoting auto-intoxication and cleansing the alimentary canal.

Dr. R. M. Johnson and others, who had used yeast alone with indifferent results in some cases, report that they have had much better results by combining charcoal with it, using about ten per cent. charcoal, or two of the ordinary charcoal tablets with the ordinary yeast cake which is far too much, at least, to begin with in many cases for reasons that I have explained in my article, "An Investigation of Yeast," in the September issue.

Until we can get a hundredth part of the appropriation made by the federal government for instructing the farmers in the care of stock, so that one who wishes to devote his time to such research work as this can live, we must be satisfied with the limited knowledge we have of these valuable means of prevention and cure.

Soon after I came to live in the Ozarks (?) I learned from a hillbilly who did some fencing on my suburban place that charring the fence posts "stops the bugs from chawin' them up." So, in the absence of a thorough knowledge of why charcoal is such a good thing to put in the alimentary tract, we may say that germs do a good deal of harm, as well as good, and that charcoal "prevents 'em from chawin' 'em up."

Eureka Springs, Ark.

Cattle are fattened for slaughter by being overfed and not allowed to exercise. Many men and women prepare themselves for slaughter by voluntarily adopting the "stall fed life", Don't overeat and take plenty of healthful, outdoor exercise.

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VARIOUS THINGS

By Eli G. Jones, M.D.

If you have a patient with weak digestion, torpid liver and constipation, you may give

℞ Fld. ext. euonymus..... ℥ j
Simple syrup..... ℥ iv
M. Sig.—One teaspoonful night and morning.

The *best* treatment for nocturnal emissions and the symptoms that go with it is—tincture thuja, five drops every two hours; digitalin 3dX two grains every morning; carb. baryta 6th X, three tablets three times a day. This makes an ideal treatment for the above condition.

In reading the pulse of an old lady, an active hard working woman, I found a well-marked *weakness* to the pulse, a quickness of the pulse *without* strength—the kind of pulse indicating tincture cactus grand. In reading the pulse of both wrists and comparing them I found them both alike, showing that the condition was *general*, not local; that her whole nervous system was weak, overstrained. The "nerve power", the "man behind the guns" (heart) was *weak*. This made the pulsations of the radial artery *weak*. I gave her tincture cactus grand, five drops before each meal and at bedtime, also kali phos. 3dX, three tablets every three hours. In forty-eight hours I read her pulse again and found it stronger and more regular.

A case of lagrippe or influenza after the acute symptoms have passed away. The patient is left with *weakened vitality*. The pulse should be carefully observed, and never leave a patient until the pulse of *both* wrists are alike: *full, strong* and *regular*, showing you that the vitality of your patient is *at par*, and you may safely leave them. The best remedy to build up the *vitality* after an attack of influenza is sulph. strychnine, grain one-fortieth, three times a day. The system responds very quickly to this remedy. In a day or two the eyes have a brighter expression, the pulse is *stronger* and moves *regular*. This proves to you that the system has already begun to *respond* to the action of your remedy.

No remedy in *any* materia medica will build up the *vitality* so rapidly as strychnine in persons *at* or past the middle age. Remember this fact that strychnine, nux vomica, ignatia and staphisagria should *never* be given if there are any *tender* spots in the *spine* (showing spinal irritations), for the above remedies are *spinal irritants* and will *aggravate* the condition of your patient.

In that form of sciatica where there is severe pain in the hip or groin, give tincture apocynum can., fifteen drops in half a glass of water, one teaspoonful every half-hour until relieved.

The above remedy is also indicated in rheumatism *when* there is *edema*, even slight *puffiness* of the skin, or a peculiar blanched *glistening* appearance. Give tincture apocynum can., ten drops in half a glass of water, one teaspoonful every hour.

In *ulceration* of the cornea we have one remedy that can be depended upon to *cure* it. It is kali mur., 6thX, three tablets every three hours.

You may have patients with a tired feeling, tired when he gets up, tired all day, tired when he goes to bed, feels *drowsy* all the time. If he has any other symptoms they may be covered by one word *biliousness*. The above symptoms indicate mercurius dulcis (calomel) 3dX, three tablets three times a day.

When a patient complains of a *fullness* and *pressure* in the stomach with constipation, the remedy is kali sulph., 3dX, three tablets every three hours.

In *debility* from hemorrhages, chronic diarrhea, nursing a child, leucorrhea, or nocturnal emissions, if the drain upon the system has been continued very long, the pulse will be *irregular, weak* and *small*, with dark circles under the eyes, also a pearly tint to the whites of the eyes. The above symptoms point like a *finger* board to one remedy—tincture china (cinchona), twenty drops in half a glass of water, one teaspoonful every two hours. It will make your patients want to *eat*, and will make them feel *stronger*.

1331 Main Street, Buffalo, N. Y.

For incipient carbuncle or boil, paint it with tincture of iodine, and thus abort it. To abort a sty or boil, anoint it frequently with a mixture of glycerin two drams, rose water two drams and carbolic acid fifteen drops.

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RECENT OBSTETRICAL EXPERIENCES

By W. T. Marrs, M.D.

Six weeks ago I was called to attend a primiparous woman in labor at about the seventh month. A few months previously she had aborted at about the third month. She was twenty years of age, small, bony and very poorly nourished. Labor progressed in a normal manner, the pains doing all that the obstetrician expects of them. As soon as uterine dilation had been effected, to my consternation a little hand was introduced into the world. A shoulder presentation! It is these abnormalities that so often cause doctors to think of choosing some other vocation. They bring gray hairs prematurely and sometimes cause us to sweat near-blood. The most trying moments of my life—at least, my professional life—have been spent in endeavoring to turn babies when they come shoulder or back first, or in the language of the laity, "all doubled up". I have had a number of shoulder presentations and I have been called in several times to help brother physicians out of this dilemma. Turning is not always easy. I saw a highly skilled and experienced obstetrician fail to turn a child, although the patient was thoroughly anesthetized. It is but fair to say that several others of us had had a try-out at the game also. Decapitation and evisceration, disintegration, piecemeal delivery, in all its horrible, sanguinary details next followed. Can any one be blamed for not doting on obstetrics after once getting up against a thing like this?

Well, all this stuff was surging through my head. It all comes back to you when you get a tough case. "What shall I do?" That is the question you apply to yourself, in the language of the song, "Over and Over Again." The pains were now simply volcanic in their action. I could not get hold of a foot to effect a turning, although the uterus was rather capacious for so small and undersized a woman. I verily expected maternal lacerations, perhaps a ruptured uterus, from the dynamics being put forth by the little uterus. I told them to call an assistant. It seemed to me that if it were possible the pains should be in a measure inhibited. A morphine hypodermic was administered and she was permitted to inhale chloroform. But everything done apparently only served to make the pains come with greater vehemence. Harder and harder they came. Continued thus for fifteen or twenty minutes. Two or three doctors were tried for, but could not be reached. Once more I made a brave effort to reach a foot. This time fate was on my side, for I was able to hook my index finger in the flexure of the knee, and soon delivery was effected. Nature did most of the work. This was a spontaneous version, by just a little help from me at the proper time. It is the first time I have ever seen any semblance of spontaneous version outside of textbooks and the lecture hall. The development of the child not being complete aided materially in the version. A large, bony child would not have reversed in a hundred years. The child was dead, compression having impeded its circulation. Another baby was still in situ, in another sac and with its own placenta. It was alive and survived two or three weeks. Both children were females. The mother was not lacerated and made a prompt and normal recovery.

This case occurred several weeks ago: The woman was also a primipara, aged forty-one. Think of it—forty-one! Labor progressed normally, but ceased to progress after the child had entered the pelvic strait. Her patience soon played out and labor seemed to be at a standstill. The bones did not yield and the soft parts also seemed to partake of this rigidity and fixedness of purpose. A mass of pile tumors, chronic in character, were down and this impeded labor and made it more painful. An assistant was called and the woman given an anesthetic. With very slight difficulty I applied the forceps to the head, which now was under the pubic arch. A reasonable amount of traction and manipulation was employed for five minutes or longer, with no apparent results. The assistant, a large muscular man, said, "Doctor, let me have hold there for a minute." I acquiesced and with a hard pull he forced the child's head through in less than one minute. The perineum was lacerated about to the rectum. The forceps slipped as the head came through, but luckily only slight damage was

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done to the child's head. I notice, by the way, that the majority of men who use forceps *just think they have to pull the baby out* as soon as the instruments are applied. This woman had a severe hemorrhage, due mainly to the lacerations. Only a little fever came up a time or two, and the woman made a good recovery.

A case of ophthalmia neonatorum fell to my lot. As soon as discovered I began instilling into the eyes a twenty per cent. solution of argyrol, keeping the eyes well cleansed with boracic acid and peroxide solutions. This is, as a rule, all that is necessary to effect a cure in a few days. That has been my experience. The first treatment usually brings noticeable results. This case seemed quite stubborn, however, so in addition to the argyrol, lavaging, etc., I began instilling into the eyes and brushing over the lids a two per cent. solution of nitrate of silver solution. This was done twice daily. It must be emphasized that silver when thus employed must *always* be neutralized by an application of salt water. Under this treatment, the argyrol being continued, the eyes improved and eventuated in a cure. The sooner treatment is begun in these cases the shorter will be the duration of the trouble. Delay always spells danger in big letters. A part of the treatment in private practice must necessarily be let to the nurse or attendants. They should be told of the seriousness of the trouble and that the treatment must be carried out thoroughly or the child will be another one of those distressing unfortunates who go through life wearing sightless orbs. Peroria Heights, Ill.

TREATMENT OF THE PROSTATE

A combination of veratrum, hydrangea and aletris will prove of value in subacute or chronic prostatitis. Aletris may be something new, but remember you are treating the male uterus, and its tonic properties will dawn upon you; it makes your patient forget that he has a ball, that he is sitting upon.—Dr. W. E. Bremser, St. Louis, Mo., in *Therapeutist.*

This is the scarlet fever season. A clean, sanitary mouth will help to prevent it. Compel the children to brush their teeth regularly and keep the mouth clean.

IMPORTANT POINTS FOR CONSIDERATION IN CONNECTION WITH EYE AND EAR TROUBLES

R. A. Black, M.D.

It is a fact that Barany in the investigation of the labyrinth discovered the intimate relation between the eye and ear in that when he douched a patient's ear with cold water it made the patient dizzy and caused the patient to have nystagmus.

By taking advantage of these several reactions it is possible to tell in a positive manner whether there is a block at any place on the nerve pathways which proceed from the ear to the eye. This becomes of supreme importance in obscure cases of brain lesions as well as in cases of functional dizziness.

The eighth nerve not only proceeds from the cochlea but from the labyrinth to the pons and medulla. The fibers from the labyrinth are separated into those from the horizontal and vertical fibers and each follows a separate course. The fibers from the horizontal canals enter the medulla oblongata at a lower level from the vertical fibers and branch, one branch going to the cerebellum by way of the lower cerebella peduncle and the other branch going to the post. long. bundle to anastomose with nucleus forming the centers of the third, fourth and sixth nerves which are concerned with eye movements. The fibers from the vertical canals enter the pons and branch at a higher level from the horizontal fibers going to the cerebellum to Deiters' nucleus by way of the middle cerebella peduncle and anastomosing with the nuclei of the eye nerves in the same way as the horizontal fibers. Naturally the fibers of the eighth or acoustic nerve are connected through the cerebellum with the cerebrum. Now then any growth, hemorrhage, abscess or other obstruction, such as sclerosis along or on the pathway of these nerves, will lead to a loss of normal reaction. By simply douching the ear with water at a temperature of sixty-eight degrees with the head upright or inclined forward we stimulate the vertical canals and normally we should get a rotary nystagmus to the left which should come on in about forty seconds. We should get vertigo and past pointing to the right as well as falling to the right. This would be on douching the right ear. Tip the head back

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sixty degrees and we should get a horizontal nystagmus to the left, past pointing to the right and falling to the right. If we repeat the douching of the left ear the reaction should be the same only in the opposite direction. Any perversion of these reactions would show a lesion either in the labyrinth or along the nerve tracts. This is an important study for the general practitioner to differentiate the different causes of vertigo and loss of equilibrium. For instance if your patient has been dizzy and all the ear tests show normal reaction you will know at once that the cause is functional and not organic, that it is not due to brain or ear lesion but due to a disturbance of the blood supply to the labyrinth from a toxemia or other disturbance. For instance a few years ago, returning from a trip to the Mass Eye and Ear Infirmary, I found my wife suffering from attacks of vertigo or a continuous dizziness. Having been making a study of the physiology of the labyrinth I knew at once after performing the test as above that I was dealing with a case of functional trouble, probably due to a hyperemia of the labyrinth caused by a stooping posture while picking some beans from the barn floor. In this case the cure was immediately effective. About fifteen drops of tincture of gelsemium caused an immediate decongestion of the ear with relief in about ten minutes which was permanent.

In this connection I will give a history of a case of severe dizziness. Mr. Macfadden was thirty-five years old and had been sick three days when he called me to visit him at his home. The people in the house said that he had indigestion in that he had been sick at his stomach and had also a diarrhea. The patient himself had a true idea of the trouble for he told me that he had for many years had trouble with discharging ears and that he was very deaf. It was difficult to tell how much he could hear because he was somewhat of a lip reader. On examination I found that he had no nystagmus or it had disappeared at this time but it made him very dizzy to attempt to sit up and also gave him nausea. Apparently he was well nourished and at this time his bowels were in fair shape. On examination I found both ears with visible discharge and the ear drum was absent in both ears. In his left ear there were granulations hanging to the internal wall and the discharge had a very foul odor. Evidently there was some bone necrosis present. The right ear had simply a mucous discharge. He was absolutely deaf in both ears. Could hear no sound whatever and even now he is unable to hear but a faint throb when working beside an automatic hammer. Evidently the left ear was causing the trouble. The fibers from the acoustic nerve anastomose with the fibers from the vagus and therefore any irritation in the labyrinth of the ear would cause vomiting and also diarrhea. Applying our tests to elicit function of the internal ear I found there was but a slight reaction in any of the tests, that is, all the ear tests were subnormal which showed a much impaired labyrinth. Then, too, the patient could not stand with closed eyes but fell to the left.

He could not walk for a long time after dark without staggering very much and found it impossible for a long time to turn his head or to look up without being overcome by dizziness. As his work was in the shipyards I cautioned him about going on a high staging especially if it were unstable. Even with this caution he had difficulty in keeping his balance when compelled to look around suddenly. Apparently he had a serious lesion of the left labyrinth and the question was either to operate on the labyrinth or to wait for a more convenient period. The labyrinth has a direct passage with the subarachnoid space and pus in the labyrinth is more than liable to cause meningitis and that very soon. In this case the patient made such favorable progress that I treated the discharge in the ear for a period of three months or until it entirely disappeared. The treatment consisted of an internal use of gelsemium and a thorough cleansing of the ears followed by an application of a ten per cent. solution of silver nitrate. This was repeated every two days at first the patient using three times a day a solution of boric acid in alcohol to be dropped in the ear. The results were very good, the patient at the present time having no discharge, no vertigo (and but little difficulty when walking in the dark; this is disappearing). In this case it would have been extremely difficult to exclude trouble with the stomach and intestines without these ear tests. It would pay the general practitioner to study this thing and to be able to analyze the function of equilibrium.

Bath, Me.

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A NOTE FROM CICERO'S TIME

By Axel Emil Gibson, M.D.

When keeping in view the well-ascertained circumstances: First, of the exceedingly small amount of flesh-forming matter needed for the replenishment of wasted muscular substance; second, the enormous amount of waste matter either thrown off through the emunctories, or, if the latter be inadequate to the task, stowed away as dead weight in the system; third, the tremendous amount of living energy expended in the throwing off from the body of substances which never ought to have been put into it, the following story, related by H. Cicero some nineteen hundred years ago, of his friend Pomponicus Athicus, is not only interesting and instructive as statement of history, but, perhaps, still more valuable as a proposition of living facts applicable to the theory and practice of modern dietitians:

Pomponicus Athicus, a Roman bon vivant, as well as prominent man of letters, whose correspondence with Cicero is most valuable to historians as furnishing reliable data of information, had in the course of a long series of dietetic misrules finally brought his stomach to a point where, from being a friend of its master and tyrant, turned his implacable enemy.

The long line of gastric abuses were strictly paid for in terms of dyspepsia, and every attempt of enforcing the old rules of reckless gormandizing made the relations between the inveterate glutton and his rebellious stomach only more strained and unattainable. The leaves were completely turned, and in place of Pomponicus tyrannizing his poor helpless stomach, the latter proceeded, like once the dogs of Anteus, to tear up his master.

As the situation grew from bad to worse, and Dr. Esculap, with his medical and unmedical skill, stood powerless before the case, the proud and impatient patrician, finding himself ostracised from all the pleasures of the banquet hall, and even had occasion to fear that his mind would suffer from the gastric rebellion, decided, in the spirit of a true Roman noble, to shorten the tragic performance by peremptorily ringing in the last act. Having confided to his son-in-law, M. Agrippa, of his intention, the latter, in order to save the family from unnecessary comment, advised his ill-fated father-in-law to choose starvation as mode of suicide.

Pomponicus found the suggestion excellent, as furnishing an incomparable means of squaring matters with old gastric tormentor, and entered the unique arena with a sense of grim triumph. To make death as easy as possible, however, M. Agrippa persuaded the suicide to alleviate his burning thirst now and then with a little water.

The days of starvation passed by and two weeks elapsed without the coveted end of release coming nearer in sight. In fact, the old glutton began to get used to his new dietary departure, and even made the startling discovery that the agonizing pain which his stomach had been visiting upon him the last years of his life had almost entirely ceased; and with the improvement in his gastric condition followed the wonted vigor and tranquility of mind.

"Agrippa," concludes Cicero in his story, "now attempted to convince his father-in-law that as the disease by which he had suffered and from the escape of which his starvation was undertaken had been so fortunately removed, he ought to renounce his design of putting a period to his existence."

Realizing the validity and logic of the argument, Pomponicus finally accepted his new lease on life, and lived to reach both high age and high honor.

There can be no doubt that if the course adopted by the glutton, Pomponicus, in ancient Rome were to be followed by the victims of modern neurasthenia and general gastric debility, as resulting from dietary errors, the mental as well as physical and moral sanity of the world would take a tremendous step forward. For the demon of degeneracy, evoked through gastric indulgences, can be successfully fought and conquered only by submitting to rules involving step by step the neutralization of the vicious force generated by these indulgences which means, unequivocal and merciless dietary restrictions—the redemption of man through diet.

Fasting gives nature an opportunity to rid itself of the decaying deposits of unused, because

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uncalled for, and unneeded foodstuffs that press like a dead weight on every vital function. The glutton navigates on the main of life with a corpse in his cargo, which, if not exhumed, will poison and corrupt everything aboard.

The power of the cross comes through the burden of the cross, and the sacrifices involved in dietary restrictions means, not only physical health, but likewise the subsequent regeneration and reinforcement of that moral fiber known as will. And with will comes that conscious power, which, when applied to unselfish ends, gives rise to self-respect. And what is more capable of imparting buoyancy and vigor to the entire human nature than when at the retrospect of a closed day the individual can face every incident in which he has had a personal share, without blush or blinking.

Such a consciousness reduces all opposition and troubles to mere passing items, thrown in his way merely to be overcome as he proceeds on his career of mental and physical triumphs virile, strong, victorious, with the self-consciousness and moral eminence of spotless, all-conquering heroism, advancing in universal strength and gradually becoming agent for the uplifting of the whole human situation, toward higher moral standards of life. For as by the power of his thought, every individual at every moment of life lives in every other individual, as moral and mental impulse, it follows that to the extent we are self-conscious thinkers we become fashioners of the characters of our fellowmen.

The great task of a man's life, however, is not to initiate a moral impulse, if ever so noble and promising, but in the sustaining of it. The make and break of resolutions is in no way conducive to the development of will and character. The breaking of a promise to one's better self is similar to a builder who, after having spent his strength and means in building a house, tears it down or puts fire to it. A broken resolution is more morally divitalizing to the individual than a continued routine in the old way.

A resolution or promise to one's better and higher nature means an invitation to the best and strongest, in fact, to the only ultimately sustaining force of our being, to enter the moral field of action as living factors of guidance and assistance; while to break a promise means to dissipate this redeeming soul-force, through withering and annihilating indulgences.

A break of promise imparts a shock to moral nature, a shattering to right and left of the priceless energy, whose current through our moral resolve we had succeeded to conduct to our nature. It means a fundamental lessening of the vital assets constitutionally available to the individual in his evolutionary life struggle.

On the other hand, the courageous adherence to a once-formed resolution stimulates every moral fiber of human nature, elevating will and character into forces of resistless eminence, sweetness and brightens his existence by removing every sense of fear and suspicion from his appreciation of his fellowmen.

The exaltation due to this sustained moral determination spreads like sheets of living fire through the world-life, setting ablaze corresponding emotions in the minds and hearts of humanity. For life has no water-tight compartments; humanity is one; its feelings and ideals are pressing as fate on the door of every heart. Unity lies at the root of life, variety at the surface.

528 Bradbury Building, Los Angeles, Cal.

A UNIQUE BENEFACTION

Mrs. Henry R. Rea of Pittsburgh, Pa., has given $100,000 to the New York Post-Graduate Medical School and Hospital. Mrs. Rea's benefaction, given in memory of her parents, the late Henry W. and Mrs. Oliver of Pittsburgh, is to be used in advancing medical standards by providing additional opportunities for Post-Graduate study and research to practicing physicians and surgeons.

Twenty or more scholarships are to be provided by the fund, available to doctors unable to make the financial sacrifices heretofore required in giving up their practices during the periods of post-graduate work.

Mrs. Rea's gift is probably unique among benefactions to educational institutions in that it is for the benefit of active professional men to increase their unselfishness to the community.

For erysipelas of the scalp paint it with tincture of iodine.

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FOOD FOR THOUGHT; A RESPONSE

By H. H. Helbing, M.D.

I was interested in the article in the April Medical Summary with the above title which said nothing about the causes neither did the author discuss the remedy for such conditions

It seems to me that the conditions enumerated are becoming quite general and will become more so as time goes on. Not only in the remote sections of our country are there insufficient numbers of physicians to care for certain communities, but in the densely populated sections of our country are conditions becoming serious in this regard.

There are towns on railroads in Missour where there are no doctors at all, some of which have had one or more physicians in past years. Every effort has been made to secure doctors for these towns but without success. Most of us are aware of the fact that the physicians now being graduated will not locate in these small towns or rural communities and this is not surprising when we know that their medical education has cost them an immense amount of time and money and are so highly trained that they are inclined to specialize in medicine or surgery and feel that a rural community offers but little opportunity to succeed in practicing their profession. I believe the scarcity of physicians in smaller communities will become more and more serious because I believe the proportion of physicians to the population will continue to decrease and as this condition develops the smaller communities will lose what physicians they now have.

Higher education is very desirable for the medical profession but I think it can be overdone. There is a tendency for the standard to be raised still higher which I think is uncalled for. It seems to me that if the standard is raised higher, there should be allowed medical colleges that would be permitted to grant degrees on the basis of the present standard Then, too, there should be an opportunity for the poor but intelligent and worthy boys from these rural communities to study medicine, for these boys would likely be contented to remain in a small community to practice medicine and the people of the community would probably be as well cared for as by a highly trained scientific physician that had more years in college.

It has been recognized that the need for nurses is urgent, so much so that there has been established in some of our large cities training schools where nurses may be taught the fundamentals of their profession in a short period of time and they have been found to be very proficient in the care of the sick. If the need is so urgent in this profession, and has been taken care of by exceptions to rigid rules of requirements, why couldn't there be some method of education of physicians educated in midwifery and a thorough knowledge in the treatment of the sick to care for these poor women and children in these rural communities, which need is greater than the necessity of nurses to care for the sick, who have physicians.

The government during the war emergency relaxed their rigid rules of requirements for eligibility for appointment to the army medical service and we now have as great a need, that will become more and more prevalent, that affects the vital welfare of our nation, then why shouldn't there be some method adopted whereby these rural communities may be supplied with physicians. I am not objecting to higher medical education but I think it is a mistake to require all medical colleges to conform to one standard. Let there be colleges of the highest standard where the young man of means may have the privilege of attending who will be fitted as a consultant for obscure cases that the rural physician cannot care for. A large majority of the cases in general practice are simple and can easily be cared for by one who has not a thorough scientific knowledge of medicine. It would be better for these women in labor to have the poorest kind of physician than to be left to the care of her husband or some one wholly ignorant of such conditions.

4963 Fountain Avenue,
St. Louis, Mo.

One part of Calendula tincture to eight parts of glycerin makes an excellent dressing for open wounds or for burns. Chapped hands are made smooth by the same preparation.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

LATE DIAGNOSIS: HOPELESS PROGNOSIS

One of the most important things to be considered in making a prognosis in any given case of tuberculosis is the physician himself who handles the case. Comparatively few doctors are looking for incipient tuberculosis. I would not have you understand that I am underestimating the diagnostic ability of the average general practitioner. As all-round general diagnosticians, I would want to go on record as saying that I believe them competent. But in the hurry and bustle of an active practice they are apt to become careless. Then, also, the average physician does not avail himself of all the facilities at his command. His examinations are too often made in a perfunctory manner. They are superficial and lacking in thoroughness. He does not sufficiently weigh the symptoms presented and is too prone to jump at conclusions. In suspected cases, sputum specimens are sometimes sent to the State Laboratory, month after month, and because the report on the examination is negative, it is taken for granted that there is no tuberculosis and the patient is assured that his lungs are perfectly sound, even when he has far advanced disease and is himself very solicitous about his pulmonary condition. How many tragedies are caused by the hyper-conservative attitude on the part of the physician in awaiting a positive sputum report. The physician and patient are lulled into a false sense of security on receipt of a postal card from no less an authority than the State Department of Health, bearing the words, "Sputum Negative" or "Tubercle Bacilli Absent", and the physician, in reassuring the patient, has also persuaded himself that a careful, stripped chest examination and a detailed history and careful observation of the patient are unnecessary because of the negative sputum report. This condition, calamitous as it is, comes to us too often in the histories of tuberculous patients, who, when finally diagnosed, or after they have made their own diagnosis, are the usual stereotyped, moderately advanced, second stagers. The organism does not appear in the sputum until the tuberculous deposit ulcerates and breaks through a bronchus into which the tuberculous material finds its way. The closed period may extend over many months.

Of course the accuracy of diagnosis is indisputably established by the discovery of the bacillus in a specimen of sputum, but it is seldom found until the destructive process has become at least moderately advanced. Failure to find the bacillus amounts to nothing. It affords absolutely no information as to the character of the infection. Above all things, don't wait for a laboratory report in order to make a diagnosis, for when your patient has developed a positive sputum, his chances for an arrest have materially diminished. There are so many symptoms, both objective and subjective, that will be found before the bacillus appears, that an error can scarcely be made, and it is always best to err on the safe side. When your patient develops a positive sputum, it is then a three-to-one chance that he is past the incipient stage and his chances for recovery have diminished from ninety to forty per cent. Nowhere is the truth of the maxim, "Delay is dangerous", more apparent.—*Ohio State Medical Journal.*

It is stated that one drop of the wine of ipecac, taken after each spell of vomiting, even in pregnancy, will stop it directly.

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THE PHARMACOLOGY OF HYDROCHLORIC ACID

The pharmacology of certain drugs is incompletely understood. As a matter of fact the pharmacology of no drug is completely understood, but certain drugs are sometimes prescribed, concerning the functions and action of which a great deal of ignorance prevails. For example, hydrochloric acid is very frequently prescribed, mainly to overcome a deficiency of acid. The best mode of its administration, however, is often overlooked and in consequence the digestive action of the drug is futile. Dr. W. A. Bastedo who was the president of the American Gastroenterological Association at its twenty-second annual meeting held at Atlantic City, N. J., June 9 and 10, 1919, made the pharmacology of certain drugs the subject of his presidential address, published in the *American Journal of the Medical Sciences*, January, 1920. He pointed out a fact that is by no means always recognized, namely, that the administration of hydrochloric acid alone is practically useless for the purpose of digestion, and really to judge of its merits as a remedy, it must have all the factors for its action. In other words pepsin must be administered with it. Moreover, the products of the action of pepsin and hydrochloric acid on protein are themselves capable of exerting a strongly stimulating effect on secretion. Speaking of the action of hydrochloric acid in achylia gastrica, Bastedo says that from experiments based on the introduction of hydrochloric acid alone, without its natural congener pepsin, it is evident that with single doses of a strength that can be swallowed, the acid titer of the stomach contents may be distintly raised even to the normal. The results that might be expected from this are: (1) Successful protein digestion in the stomach when sufficient pepsin is also introduced; (2) Slowing of the emptying time of the stomach by reestablishment of the pyloric closure reflex; (3 Restoration of the normal antiseptic action in the stomach; (4) The proper formation of secretions; (5) Normal liquefaction of the stomach contents by the added fluid. The possible drawbacks to its use are the establishment of pyloric closure in an already slowly emptying stomach, the production of gastric irritation, and the development of a mineral acidosis from its daily use over long periods of time. Conclusions as to the administration of hydrochloric acid may be set down thus: (1) In cases of achylia gastrica, whether or not accompanying pernicious anemia, a deficiency of acid may be partially overcome by hydrochloric acid medication. (2) For digestive purposes hydrochloric acid should always be accompanied by pepsin. (3) In the achylias with diarrhea, acid promises a more noticeable result than in the achylias without d'arrhea. (4) When acid produces sourness and stomach irritation its use should not be continued. (5) To avoid acidosis alkalies should be given during the same period, though not at the same time as the acid, the amount required being judged by the effect on the urinary reaction.—*Medical Record.*

THE TONSILS

Faville, in the *Virginia Medical Monthly*, states that most modern surgeons are in accord with an eminent New York specialist in his summary of a paper on the subject written over four years ago in which he says:

1. That the tonsils have a definite function in early childhood.

2. That tonsils should not be removed unless there is some especial indication before four years of age.

3. That small, buried tonsils associated with enlarged cervical glands should always be completely removed unless some other definite cause is found for the condition.

4. That tuberculosis is often found to be of tonsilar origin.

5. That one of the most important points to be considered in judging whether a tonsil should be removed or not, is the size of that tonsil in relation to the individual throat.

6. All tonsils, large or small, which seriously interfere with respiration should be removed.

7. That many local pathologic conditions are caused by diseased tonsils.

8. That many cases of middle ear catarrh could be prevented by removal of the tonsils.

9. That there is a distinct relationship between the tonsils and many general diseases.

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HYDROTHERAPY

E. T. Secor, in *Clinical Medicine*, says there is a great difference in the degree and rapidity of reaction in different subjects and also a marked difference depending upon the skill and dexterity with which the applications are made.

A patient who reacts well usually may be considered a short case requiring little treatment and vice-versa.

The pain of acute pleurisy as well as the pathologic process may be greatly controlled by the fomentation omitting the ice in that region during the more acute stage, but, after this stage is passed, the alternate hot and cold will aid greatly in the absorption of the exudate.

The various known hydrotherapeutic procedures for controlling high temperature are indicated in influenza as elsewhere.

It might be mentioned that, not infrequently, immediately following the half-hour treatment with alternate hot and cold, the temperature drops a degree and almost without fail the patient feels better.

If the first opportunity for hydrotherapy comes after the pulmonary venous congestion is well advanced or is making unusually rapid progress, the local treatment may be greatly assisted if preceded by a hot hip and leg pack, one of the most efficient derivative measures used in hydrotherapy.

The pack should include feet, legs, thighs and pelvis reaching slightly above the crests of the ilia.

Technic—Spread a double blanket on the bed, adjust a cold compress to the patient's head. A hot foot bath is also a good preliminary measure if convenient.

Fold a single blanket or, still better, a double blanket, endwise. This folded blanket is grasped by two assistants and wrung out of boiling water until quite dry, then quickly unfolded and spread over the blanket on the bed.

The patient, without delay, the gown having been removed, is assisted to lie on the hot blanket in such a position as to make it possible to quickly envelop the above-mentioned parts.

The blankets are snugly wrapped about the parts so that the wet one comes in contact with all skin surfaces and the dry one covers in to retain the heat.

Six one-quart fruit jars containing hot water are distributed to the parts under treatment one thickness of dry blanket coming between the jars and the wet blanket. In half an hour the patient should be removed from the pack one leg at a time and the parts as removed gone over with a cold-mitten friction to retain the blood in the limbs; thus maintaining derivation secured by the hot pack.

THE DYNAMICS OF VEGETABLE REMEDIES

The matter of consideration of the medicinal principles in plants and in fact in drugs with no toxic properties, is receiving more consideration than it has in the past. The ultra scientific observer and especially the laboratory biological specialist refuses to believe that there can be medicinal properties in drugs that have no concentrated principles. The theory was originally developed in Germany where the laboratory furnished the only correct knowledge. There are many men who believe that anything that cannot be proven in the laboratory has no virtue.

The therapeutist enlarges upon this by the statement that the fact that no positive principle has been reported as existing is no proof that none exists, that the plant has no therapeutic activities. Systematic experiments in physiological lines have not been inaugurated. The entire field of alkaloids, resins, oils and glucosides was begun, continued, and then dropped to a large extent years ago, by our observers. The bedside observers and accurate clinical study proved to "the fathers in the cause" that there were wonderful medicinal properties in many plants that contained no poisonous principles whatever or that even disturbed any of the functional operations of any of the organs.

We now find that many plants contain constituent matter, both from a bio-chemical and from a therapeutic point of view, which contain no objectionable principles whatever. There are present protein bodies, enzymes, oxydases and ferments which in the life of a plant play an important part in internal metabolism and this enables the plant to make life of food and to dispose of the products of plant life to the benefit of human organic life.—*Ellingwood's Therapeutist.*

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INFLUENZA AND TUBERCULOSIS

Amberson and Burns supplement a previous communication on epidemic influenza among patients and employees of the Loomis Sanatorium, Loomis, N. Y., with a further analysis of the histories of patients who had influenza before entering the sanatorium and a record of the incidence and fatality of this disease among former patients. They also give a critical review of recent literature on the subject.

Of 1227 traced former patients, 70 contracted influenza and 16 (22.9 per cent.) died of the disease. Of 199 new patients admitted between November 1, 1919, 52 or 21.1 per cent. gave a definite history of influenza. Of these 42, 18 knew they had tuberculosis prior to their influenza, while 26 gave a history of previous symptoms that were presumably tuberculous. In 12 cases the onset of tuberculosis was definitely post-influenzal.

The authors conclude that tuberculosis does not confer an immunity to influenza, that influenza is not less severe among the tuberculous, that among their own patients the case fatality was higher than among the general population, that among a certain number of individuals influenza marks the inception of pulmonary tuberculosis, and that to ignore or deny the possibility of pulmonary tuberculosis as a sequela is to unduly defer diagnosis and early treatment.—*American Review of Tuberculosis.*

WATCH YOURSELF GO BY

Just stand and watch yourself go by:
Think of yourself as "he" instead of "I";
Pick flaws—find fault—forget the man in you—
And strive to make your estimate true.
The faults of others will then dwarf and shrink,
Love's chain grows stronger by one mighty link,
When you with "he" as substitute for "I"
Have stood aside and watched yourself go by.

Question in eugenics: If a young man has an engagement for marriage with a young lady and he discovers she has a wooden leg, is he justified in breaking it off?

There is no cold cream that will keep away wrinkles so successfully as the milk of human kindness.

Sign on an apartment building: "No children allowed in this building; all deliveries must be made in the back yard."

Talk about optimists. Isn't the writer of this note a prince:

"Dear John: Your letter came. Glad you bought the horses. Clara is sick and will die, I think. Lucy died last night. They got dipteria and we are quarantined. Your ma is bad sick. She ain't got it. Five of fishers got it. If things get worse we may have to get a doctor. Them trees are blooming. Everything is o. k."

QUESTIONS AS TO SHAVING OR WEARING A BEARD

Dr. Arthur MacDonald of 100 E. Capitol Street, Washington, D. C., writes in the *Medical Record* as follows: In my medical course I remember hearing a European specialist say in regard to shaving: "Gentlemen, if you interfere with nature, you pay for it." But I am unable to find any scientific investigation of the question. I am seeking, therefore, facts and opinions from physicians, and should be grateful if your readers would kindly answer, as soon as possible, the questions below:

1. What are the principal injuries to the skin that come from shaving?
2. What are the general advantages in growing a beard?
3. I believe that the habit of shaving increases neuralgic and other troubles of the face, and tends to lessen the chances of life. Do you believe this, and if so, will you give me any data in your medical practice and experience that would tend to confirm such a belief?
4. Or do you believe the question of shaving, or wearing a beard, from the medical point of view, is not of sufficient importance to merit serious study?

I should be glad if any who feel disposed to reply to these questions would write as fully as possible, and mention any pertinent facts or opinions not covered by the questions.

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TYPHUS SPREADING IN SERBIA

Brought by Russian refugees, the flying remnants of Denikin's beaten army, typhus from which the American Red Cross succeeded in freeing the country last year, is again spreading rapidly in Serbia. Group after group of refugees has reached Serbia in the past two months, and spread contagion through scores of towns. The Serbian authorities have again appealed to the American Red Cross Commission in Belgrade, which is preparing to surround Serbia with a sanitary cordon. Delousing stations are being established at all frontier points.

One of these parties numbering 750 Russian officers, accompanied by their families, and counting one full general, three lieutenant generals, five high prelates of the Russian church, and scores of persons of title and distinction, recently reached Belgrade. They came unannounced, travelling for days across Serbian territory and spreading typhus contagion as they went.

The story of their flight from the routed ranks of Denikin's defeated army across South Russia to Odessa, thence through the Black Sea and the Dardanelles to Salonica, where they entrained for Belgrade, was told by Lieutenant-General Checkmaroff, the spokesman and leader of the distinguished party.

Reaching Odessa safely they arranged to embark immediately on the first vessel leaving port. As the party of officers, at that time numbering over a thousand, accompanied by several hundred women and children of their families, hurried up the gang-plank to the waiting vessel, a contingent of local agitators took possession of the wharf with a battery of machine-guns and opened fire. A wild scene of panic ensued.

The ship's captain immediately weighed anchor and put out to sea. Hundreds were left to their fate on the dock. Scores of those who reached the ship were wounded. Many families were divided, husbands being left on the shore while their terrified wives sailed away, mothers and fathers being carried off while their children remained in the panic-stricken crowd at the quay-side. General Checkmaroff got safely aboard with his wife and two daughters only to find that a third daughter had been left behind. The old officer arrived at Belgrade, like many of his companions, half crazed with grief.

For a short time the refugee ship lay to in the harbor, out of range of the raking fire from the machine-guns, while the stranded people on the dock attempted to put out in small boats. Few of these boats' parties lived through the machine-gun barrage directed on them the minute they left the shelter of the quay. Scores were killed in this way. The vessel finally headed out to sea and the despairing crowd on the wharf dwindled from sight.

At Varna the shipload of refugees was refused permission to land. The voyage was continued as far as Constantinople where a number of typhus cases at the point of death, and a handful of seriously wounded, were landed by the British. No one able to continue was allowed to set foot on shore.

At Salonica the Greek authorities refused the party entrance to the city but placed a train at their disposal. They were given five days rations by the British and what assistance the Red Cross authorities could furnish. They then proceeded under guard to the Greek frontier. By this time other typhus cases had broken out and the sufferings of the stricken were unspeakable. The party arrived at Belgrade without the knowledge of the Serbian authorities and no measures for their reception and isolation had been taken.

NEW FORM OF INFLUENZA APPEARS IN VIENNA

Three hundred cases of a new form of influenza, thought by the Viennese and American Red Cross physicians who are treating them to be allied to encephalitis lethargica, are being treated in the hospitals of Vienna.

The disease attacks the brain, inducing violent and painful muscular convulsions, similar to those observed in cases of St. Vitus' Dance. Pending the coining of an exact medical term, it is temporarily known as influenza of the brain.

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Of the 71 cases of brain influenza treated in the past month with the aid of the American Red Cross, 40 have already resulted in death. The disease ordinarily begins with headache and sleeplessness, followed by increasingly violent convulsions of the stomach muscles not unlike those produced by acute appendicitis. In one case on record here the stomach convulsions were so characteristic that the patient was operated on and the appendix removed.

From the stomach the convulsions pass to the limbs, face and extremities. In some instances the muscles of the eyes are paralyzed forcing the eyelids open and inducing an illusory appearance of insomnia even in patients lying in the profoundest stupor.

Fever does not necessarily accompany the malady in the early stages but later it appears and the patient passes into violent delirium accompanied by acoustic and optical hallucinations. In the worst cases death comes in a few days. Persons between the ages of eighteen and thirty-five are most often attacked. Prospective mothers appear particularly vulnerable to the disease. No successful treatment for influenza of the brain has yet been discovered. Medical science is powerless to combat the malady which is spreading to an alarming extent throughout Austria.

THE PLIGHT OF VIENNA

"Side by side with the bewildering spread of diseases, tuberculosis foremost among them, the people of Vienna are confronted by the lack of most of the means that modern medical science has found indispensable for an effective struggle against sickness. Vienna, so recently still acclaimed as one of Europe's greatest centers of medical learning, cannot heal her own sick."

Dr. Franz Schoenbauer, director of the world-renowned Wilhelmina Hospital, and one of the noted medical authorities of Austria, thus summed up the Vienna health situation in a talk with a representative of the American Red Cross relief mission which is bringing all the aid it can to the suffering Viennese.

At least fifty per cent of the 1,700 patients in the Wilhelmina Hospital are victims of lung diseases of various forms, Dr. Schoenbauer said. Many are children and adolescents. In normal times when the hospital housed from 500 to 600 patients, the proportion of tuberculous cases hovered at about the 5 per cent mark. Medical practitioners, and particularly those working in the dispensaries, have found that, during the war and since, the number of tuberculous patients has more than doubled.

Apathy and mental depression, said Dr. Schoenbauer, have taken hold of the population of Vienna to such an extent that persons suffering from milder maladies, such as rupture, who formerly frequented the dispensaries in imposing numbers, now rarely go there for attendance. This is ascribed to the fact that the populace is weighed down by the fear of the epidemics which have been sweeping the country. Characteristic of the times is the increasing numbers of hurts sustained by inexperienced people while cutting fuel in the "Wiener Wald."

As a result of the spread of disease, the bed accommodation in the hospitals of Vienna has steadily increased, being now from 50 to 100 per cent greater than in peace time. In wards originally intended for ten tuberculous patients one finds nowadays from fifteen to twenty patients, many of them children.

Carloads of condensed milk and hospital supplies are being rushed to the city by the American Red Cross. As fast as they reach the freight yards, members of the Red Cross unit set about the distribution among the various hospitals and dispensaries.

"The tuberculosis outlook here," said Dr. Schoenbauer, "gives little promise of improvement. On the contrary, the city is suffering from epidemics of dysentery, measles and grippe, each of which may be expected to do its share by engendering a disposition for tuberculosis and hastening the outbreak of it. During recent years scabies cases have been on the increase. We have fought the disease by the French method, as modified by Professor Oppenheim, and a special institution was founded for the treatment. Its patients last year alone numbered more than 10,000.

"The spread of scabies gives one a measure

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of the indifference of our population toward domestic hygiene. The lack of soap, linen and washing and bathing facilities explains the apathy. Private and public hygienic institutions, which before the war were such favorites with our people, have sunk into disuse.

"With disease gaining ground at a startling pace, we medical men are deprived of the weapon which could do most to combat the danger—namely, wholesome food with which to nourish the patients. Some of the food we must use is worse than none at all in helping the sick. What we want very specially is milk, bacon, meat, and eggs. In the Wilhelmina Hospital, we need daily about 3,000 liters of milk. All we get is from 150 to 200 liters. Taking pre-war standards, we receive less than one-third of the amount of bacon we need. As for meat, we are given less than one-fourth of our requirements, and eggs are relatively even scarcer on our patients' menus.

"It seems almost superfluous to name the articles we need in our work. We need nearly everything: bandages, food, fuel. It has been a horrible thing—the lot of the child patients in the 38 wards of our hospital set aside for them. This part of the hospital, fitted out for steam heating, requires about 600 tons of steam coal a month in winter. This winter, however, we have been getting from 100 to 150 tons a month, and as a result the temperature never stood higher than ten above zero. How fatal this lack of heat may be with diphtheria, scarlet fever and dysentery patients need hardly be pointed out.

"Every patient whom we admit carries in his body a tale of the consequences of the war. Children of four often look like babies a year old. Some of them are brought in nearly skeletons as a result of prolonged undernourishment. We find an astonishing number of cases of rickets developing at an age when we should least expect it. Among the older patients, diseases of the bones and joints are prevalent. Our supplies of linen and clothing have been exhausted. We are having the greatest difficulty in this respect.

"So recently counted among the first centers of medical learning in Europe, Vienna has been turned into a city unable to cope with its own diseases. There isn't money enough to buy fuel, food, clothes for the sick. We have absolutely no money for the establishment and maintenance of medical research institutions. The world-famous medical school of Vienna is faced with ruin.

EPIDEMIC OF GRANULAR TRACHOMA IN ALGIERS

The White Nuns of the Sahara are treating the eyes of hundreds of children who have been blinded by the plague that is sweeping the oasis towns of the Sahara desert. With Biskra, the "Garden of Allah" oasis, as their headquarters, they travel on camels from oasis to oasis. The services of the French military doctors are required to prevent the spread of the disease among the French colonial army, and they are unable to care for the natives.

Dr. Toulant of the Pasteur Institute of Ophthalmology, who has been conducting experiments on a herd of monkeys in an effort to isolate the bacillus, has informed the American Red Cross that eight of every ten children in the Sahara are affected.

The Pasteur researches have unfortunately been brought to a standstill by the scarcity of monkeys for experimental purposes. The natives of Kabylie who hitherto furnished the Institutes with monkeys declare that the little animals are rapidly disappearing from the Chiffa gorge and other parts of Kabylie.

Hundreds of monkeys died of the unusual cold on the mountains during the past winter and the natives claim that hundreds of others were carried off by the American sailors from the ships that anchored at Tunis during the war. During their stay at Tunis the sailors carried off most of the monkeys from the souks, or bazaars, and kept the natives scouring the forests of Kabylie to satisfy their desire for shipboard pets.

Recently two American Red Cross officers completed a tour of Algeria and Tunisia in the course of which they consulted with French resident doctors as to the best means of combating the epidemic. Tens of thousands of children are affected, but so far the adult popu-

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lation has been comparatively immune. Nevertheless the approach of hot weather is to be feared, for the filth of the oasis towns and the uncovered camel meat markets breed countless millions of the flies which are believed to be carriers of the disease.

VIENNA FACING A DRUG FAMINE

With thousands crowding the hospitals, and other thousands sick in the tenements of the poorer quarters, with epidemics sweeping the city, and with a total absence of essential drugs, Vienna faces one of the most serious situations in her history. Quinine, strychnine, cocaine, morphine—scarcely a drug you can name is on sale anywhere in the city. And the hospital drug rooms are exhausted.

To meet the requirements of hospitals and private physicians the American Red Cross has designated five pharmacies as official dispensaries for the drugs which it has brought into the country. These pharmacies, chosen on the recommendation of the local medical authorities, will issue drugs on prescription at nominal prices. The proceeds of the sales will be applied by the Red Cross for the purchase of hospital necessities.

This method of rationing was decided on as a result of conferences, under Red Cross direction, with the physicians, and with the licensed dispensing druggists.

RED CROSS MAKE MEDICAL SURVEY OF HAITI

Lieutenant-Colonel John Swan has recently returned from the Dominican Republic and Haiti where he was sent by the Fourteenth Division of the American Red Cross to make a survey of sanitary and general health conditions. He reports an urgent need for help. "The Dominican peasant is in great need of modern medical treatment and sanitary housing," said Lieutenant Swan. "Many communities lack all medical and nursing care. The medical profession is small, and with few exceptions, inadequately trained. There are no modern hospitals and no nurses. Immediate steps should be taken to fight social diseases, hookworm, malaria and yaws, to establish antituberculosis measures and to teach personal hygiene. There is every opportunity for the pioneer in all fields of philanthropic endeavor."

For the past four years the United States has taken an intimate interest in the affairs of the island. Under the administration of the Navy and the Marine Corps revolutions have been prevented and the activities of bandits held in check. Roads, telegraph and telephone lines, and schools are being established. Public philanthropic measures on the other hand are greatly needed.

A NEW USE FOR MUSTARD

A certain Cossack, in a sharp brush with the Red cavalry, had his arm slashed open by a sabre cut. He dismounted from his pony, took out the little packet of mustard that every soldier carries in his kit, mixed it with some muddy water and smeared it on the wound. After which he unwound his mud-bespattered legging and bound up his arm with it. Then he mounted his horse and was off on the trail of his comrades as if nothing had happened.

In the days before the American Red Cross relief commission brought supplies of bandages and medicines to South Russia, mustard was the only thing the uneducated moujik would apply to a cut. Something of the village healer's theory entered into this. "Wedge drives out wedge," says the Russian proverb, and the sting of the mustard must therefore drive out the sting of the wound. And even yet the peasant housewife and the peasant soldier believe firmly in its efficacy as a wound dressing.

Ground coffee, sprinkled upon live coals in a shovel, and carried around in a room will, in a few minutes, clear the atmosphere of all impurities, especially of animal effluvia.

Ethereal menthol solution, ten to fifty per cent, applied with a camel hair brush for boils, carbuncles and inflammatory gatherings is excellent and cures itching eruptions.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

"FLU"

EDITOR MEDICAL SUMMARY:

While the flu has been bad enough the past winter, the concomitants and sequelae have been less serious, and comparatively few cases have been fatal. My wife was a victim of the malady last January, and had the rigor, fever, cough and malaise, with great prostration, but she pulled through finally. The most serious sequel is a weak heart, attended by dyspnea on exertion. Using strophanthus and digitalis, it became very much better.

Two weeks ago, she contracted a violent cold—house-cleaning time—and she was taken very, very ill with a grave case of capillary bronchitis, with great oppression of the respiratory tract, at times it seemed she would be overwhelmed with bronchial secretion! She was given supporting treatment: milk, egg and whisky, and was given a cough mixture composed of ammon. merias, sanguinaria, ipecac, prunus virg., etc. The idea was to liquify the tenacious secretion. The chest was covered with "Libradol" and for the faint heart action a handkerchief was saturated with aromatic spirits of ammonia, and hypodermics of strychnine were given. In spite of all this, the labored breathing was most distressing. I worried, and thought, and thought. How can I strike something to prevent her from being asphyxiated in the overwhelming bronchial secretion? I finally decided that a crippled heart should have the one-fortieth grain doses of strychnine every four hours, and one one-fiftieth grain of atrophine at same intervals. I had both of these put in No. 5 capsules. The theory in giving the atrophine, as you will see, was to check the excessive bronchial secretion. In two days she began to get better fast! Her respirations, at the worst, were above forty to the minute. Under the treatment named, she respired only twenty-nine to the minute. To be sure she began to get a long breath. I continued to give the expectorant, however, which was:

℞ Ammo. murias..... gr. xxx
Tincture sanguinaria..... ʒ j
Syrup ipecac..... ʒ ss
Syrup prunis virg..... ʒ iss
Syrup of tolu..... ʒ ss
M. Sig.—Teaspoonful every hour.

Her bowels were kept open by an enema of turpentine emulsion in a quart of warm water. The turpentine, teaspoonful, is mixed in the yolk of an egg, and stirred in the quart of warm water. It passes through a fountain syringe perfectly.

D. L. FIELD, M.D

Jeffersonville, Ind.

IDEALS OF TREATMENT

In an address delivered at the Fifteenth Anniversary of the founding of the Gaylord Farm Sanatorium, Wallingford, Conn., S. Adolphus Knopf discusses ideals that should animate the physician, nurse, patient and sanatorium. The address is a summary of our better present-day methods of the treatment of tuberculosis.—*American Review of Tuberculosis, April, 1920.*

It is stated that ipecac, two grains, will spur up weak lingering labor at once, much better than ergot, for it relaxes and dilates the os, which ergot does not; at the same time invigorates and strengthens the expulsive efforts.

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LAGRIPPE, INFLUENZA, ETC.

EDITOR MEDICAL SUMMARY:

The following letter from Dr. John R. Borland is self-explanatory, and the readers of this periodical may profit by it, hence I am sending it to you for publication.

Franklin, Pa.,
February 28, 1908.

A. J. Mann, M.D.,
Alvaton, Ga.

DEAR DOCTOR:

Your appreciated favor to hand and noted. I refer to that of the 7th inst., but it does not matter which of us wrote last. Did you attend the Georgia College of Eclectic Medicine and Surgery when I was there and Dean, during the winter of 1879 and '80? I do not remember.

I was very sorry that I could not make my home there as I liked the position and the people of Atlanta. I intended going back the next winter but got another man whom I thought was well qualified to fill my place, but drink got the better of him, and I learned that he left there in disgrace.

I have always been interested in the success of the college. I have a good home and is paid for, and also have $75,000 on my books. I have been a hard worker all my life, but I have left off a general practice, except in the city.

We had typhoid fever here all the fall. I treated eight cases; one being my son, the editor and proprietor of the *Evening News*. All recovered. There were over sixty cases in the city, twenty in the hospital at one time. Six of those in the hospital died, but none of those that were treated at home.

Then lagrippe followed, and I have treated a great number of cases without any fatalities. I use a remedy that no other physician uses, except those whom I told. It is called Kurchicine Comp. With that and acetanlid powders I can break it up in twenty-four hours; in rare instances in forty-eight hours. I have been using this treatment for seventeen years, with only one death, and that was a woman seventy years old, who also had chronic bronchitis.

I formerly obtained this remedy from Dr. John Buchanan of New York. I think he must be dead, as I am unable to hear from, or get the medicine from him in a number of years. I then referred to the National Dispensatory, and upon examination found that it was probably made from Dita Bark, or Devil Tree. I had my druggist secure some and make a concentrated tincture of it, and added a little F. E. Jaborandi and F. E. Berberis Vulgaris, with some Spirits of Camphor, and have been using it for several years, and it seems to fill the bill as well as the first. It is not made by any one that I know of. Buchanan recommended it to break up ague and fever.

I got onto it rather by accident, as I did not know of any one using it for lagrippe or influenza. I have told several physicians here about it, but they say, "It cures too quick." It is a diffusive stimulant and a better diaphoretic than a sudorific tincture.

I have been asked to write for some half-dozen medical journals, but cannot get time to write original articles for each.

If I live till the fifteenth of next month I will be eighty years of age.

The winter has been very severe, and I do not go out of the city very often. Do an office practice, mostly in the treatment of chronic diseases, and it pays better than a country practice.

I shall expect to hear from you often. Your letters help me to keep somewhat in touch with that part of the world.

Fraternally yours,
JOHN R. BORLAND, M.D.

Alvaton, Ga. A. J. MANN, M.D.

For ingrowing toe-nail, take persulphate of iron in powder form, and insinuate it as deeply as possible between the free edge of the nail and the ulcerated surface; several applications will cure.

For croup in children from five to seven years of age, give five to ten drops of the fluid extract of jaborandi every ten minutes until free vomiting ensues; this cures. Or pilocarpin one-half grain, wine of ipecac one ounce, fluid extract eucalyptus six drams, syrup of tolu to make four ounces, mix; and to a child two years old give a teaspoonful every half-hour. This positively masters membranous croup, it is claimed.

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"THINGS THAT HELP OR HINDER LABOR."—Reply

EDITOR MEDICAL SUMMARY:

I read with great pleasure Dr. Marrs' articles from which I gain considerable information. His last and most worthy note on "Some of the Things that Help or Hinder Labor" reminds me also of a case I was called to see thirty years ago. I was also young then (sixty-six now). This woman was taken with convulsions. I freely admit I was a "kinder scared". They never ceased; true I administered chloroform by inhalation; I also injected strychnine one-thirtieth grain, all to no avail. Now I was asked, "Dr. do something, please?" by the almost distracted husband. I did so; I injected about two quarts soft warm soapsuds; result: delivered two dead baby boys. But hold! Spasms ceased, woman opened her eyes and gazed around the room at spectators; her gaze landed on her husband and never left him. But, lo, I made an examination and found a third child engaged, but could not be *removed;* it was there to stay and no mistake. I applied Elliott's long blade forceps, got blades nicely and firmly over the head but alas "death" closed this sad drama. Nothing doing; this sweet woman died gazing at a distracted young husband. I often wondered why, oh why, I could not get the third and last babe. I've long since learned by sad experience, what textbooks fall from the mark, it takes action and nerve.

My last experience on this line happened to me not over a month ago, but this time was two baby girls, one alive and one dead. In both cases delivery was made by a breech presentation, delivery could be made no other way. I had two other doctors with me. The first baby I had no trouble with; it's alive. The last one was the cause, I believe, of the mother's death. I delivered this babe with my Elliott forceps. I give this as experience in my obstetric practice.

I've used quinine in numbers of cases where labor was tardy. I generally add four or five grains of antikamnia to prevent head troubles. Never gave ergot until delivery of child. I, too, was dubious of giving before delivery.

Long may the SUMMARY wave its flag of usefulness and the Editor live a hundred yea s.

J. P. CARRINGTON, M.D., Foch, Tex.

TREATMENT OF GLAUCOMA

EDITOR MEDICAL SUMMARY:

In regard to the treatment of glaucoma, there seems to be no dispute among those who do eye work as to the best treatment and to delay in its use is to show ignorance or an absence of facilities to consult standard textbooks on the subject. Surely no practitioner in medicine today should be without a textbook on diseases of the eye. Namely, then, the best treatment and the only treatment of any use is as soon as possible to do an iridectomy and while waiting to do this use a myotic such as a two per cent. solution of eserin or pilocarpin. The use of hot applications with such internal medication as indicated for pain is to be recommended.

The operation of iridectomy is not a serious one and can be done with ether as an anesthetic. The operation itself is easily done and can do nothing but good except perhaps the eye does not look the same as formerly. So do not delay in looking around the world for some pill to take to cure but get at things of proven worth.

R. A. BLACK, M.D.

Bath, Me.

APPRECIATED

EDITOR MEDICAL SUMMARY:

About twenty-eight or twenty-nine years ago, in my early professional life, I received a sample copy of THE MEDICAL SUMMARY, and I liked it so well I subscribed for it, my mother paying for it, as I was not making much money the first few months of my professional career. I read a great many Journals, but I would not give the MEDICAL SUMMARY for any of them.

My mother has been dead eight years, and coming of the SUMMARY often brings her into memory, and I have made up my mind to take the MEDICAL SUMMARY as long as you live, as I appreciate your efforts in making the MEDICAL SUMMARY such a splendid Journal.

Long may you live, Dr. Andrews.

Inclosed find check for $2.00 to pay my subscription up to December, 1920.

S. S. TURNER, M.D.

Hattiesburg, Miss.

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Summary Gleanings

Jaborandi or pilocarpin, used in minute doses, takes a foremost position as a remedy for flushes at the change of life.

In ordinary doses, jaborandi or pilocarpin manifests a powerful control over inflammation in general—inflammatory fever, mumps and quinsy, almost a specific.

Jaborandi, in officinal doses, is said to cure desperate cases of dropsy about the heart.

When the milk secretions are scanty or suppressed, fluid extract of jaborandi, twenty drops, four times a day, restores the flow.

Calabar bean, twenty grains to one ounce of lard or vaseline, applied to the breast, will restore the secretion of milk, when it has been suddenly or temporarily arrested. It must be carefully washed off before the child is given the breast.

Fluid extract of jaborandi, in teaspoonful doses, adult, in urticaria will give immediate relief.

Pareira brava, tincture of the root, adult, frequent drop doses, is said to be the panacea for all urinary troubles.

It is stated that lard alone, applied through inunction three times a day, will cure the itch. The same applied inside the anus, night and morning, will destroy seat worms.

For burns and scalds, apply flour and lard in equal parts mixed; nothing better.

In constipation of infants anoint the abdomen with warm lard or castor oil at bedtime.

For baby's colic anoint the abdomen well with hot lard, containing some laudanum.

Equal parts of collodion, tincture of iodine, and ammonia water, mixed and applied over the parts affected, with camel-hair brish, constitutes an instantaneous remedy for lumbago.

Chilblain, frost bite, dilute citric acid and peppermint water in equal parts, mixed and applied twice a day, soon affects a cure.

Citric acid, five grains, given in two ounces of water, every half an hour, soon arrests afterpains.

Senecio—Life Root—restores the menstrual flow in the most natural manner without pain. Twenty drops of the tincture may be taken, three times a day, until success attends the treatment, in desperate cases.

If the menses come too soon, last too long, or are very painful, five drops of the tincture of senecio should be taken three times a day, between times, and all will be right.

For coughs, colds and lung complaints of either sex, life root is among the most valuable remedies we possess.

Yerba santa is the grand remedy for cough, acute and chronic, also for asthma.

The bromide of lithia, adult, five grain doses, is an excellent remedy for gout, and rheumatism of the small joints.

For ring worm, compound citrine ointment, one thorough application cures.

Oil of peppermint, painted upon a burned or scalded surface, will arrest the pain at once, as also the pain of superficial neuralgia.

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JUNE, 1920

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XLII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
No. 4
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The MEDICAL SUMMARY

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

Vol. XLII Philadelphia, August, 1920 No. 6

SUBSCRIPTION RATES. $1.50 per year, or three years for $4.00 in advance, in the United States and its possessions; also the same in Mexico. In all other countries $1.75 per year. Single copies 15 cents. These rates are due in advance.

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"THE MEDICAL SUMMARY"

2321 Park Avenue Philadelphia, Pa.

Entered at Philadelphia Post Office as second-class matter.

TREATMENT OF LOCAL INFECTION

There are so many thousand injuries in workshops many of which result in infections, and there are so many other accidents that result in infections, that the condition is an everyday matter for physicians. Efforts to shorten the time of disability are constantly being made. Careless methods of handling these cases result in prolonged disability, meaning loss of time and money to the injured man, his employer, and to the community in general, for loss of production means increase in the cost of the goods made. The high cost of living is due to some extent to such occurrences.

All good surgeons are careful to thoroughly clean out all wounds. The least particle of foreign substance is a detriment to healing. When, as it usually does, it carries pathogenic organisms with it, it is a source of danger, and the tissues cannot heal until the foreign body and the bacteria are removed. To a large extent bichloride of mercury solution, 1 to 4000, has been used—and very successfully, too—as a germicide. Sometimes it has not seemed to be as successful as one would wish. Its failure must be charged to not getting it in contact with the infection. In abscess cavities a thorough washing out of the cavity with the bichloride solution by means of a syringe whereby the cavity is distended with the fluid helps much in getting rid of the infectious material. The patient may complain somewhat of the pain produced by the distension, but the advantages of the method outweigh the disadvantage of the slight pain.

Following an abdominal operation some years ago a patient was sent home at her own request before her incision was entirely healed. The wound became infected and the healed part of the incision rapidly broke down. The attending physician injected bichloride of mercury solution, 1 to 2000, into the wound, which was only open through the skin and subcutaneous fat, and the wound then healed promptly. This could be easily done in other kinds of wounds. Merely washing the surface or applying a

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bichloride solution to the surface is not always sufficient, although it usually is satisfactory in slight, superficial infections on the limbs.

Since Carrel-Dakin chlorine solution has been devised it has come into very general use. But it must be used thoroughly, just as the bichloride solution mentioned above.

Dr. William Benham Snow, of New York City, uses a 500-candlepower lamp, the rays of which are very powerful and have great penetrating abilities, to cure superficial abscesses by sterilizing the tissues. He also uses it successfully to sterilize mastoid abscess. This is a fact that should be better known.

During the past six months experiments with electric light as a sterilizing agent have been made at the Brooks Hospital, using ordinary electric light bulbs. One patient, a man, had an infected thumb abscess extending well into the palm of the hand. The whole abscess was laid wide open and thoroughly wiped with iodine, and a dry gauze dressing was applied. The day following the operation the dressing was changed and the wound again cleaned. On the second day the dressing was removed, and a culture was taken which showed a heavy growth of staphylococci. The wound was then exposed to a number of electric lights and the moisture secreted was wiped away with clean gauze every ten or fifteen minutes to prevent a burn. At the end of an hour a culture was taken, which also showed a heavy growth.

The third day the wound was exposed for two hours and wiped every ten or fifteen minutes. At the end of that time a culture taken showed but a scanty growth. On the day following the wound was exposed for three hours to the electric lights and wiped dry as before. A culture then taken showed no growth. On the fifth day, after three hours' treatment, the culture showed a scanty growth. For the next two days, after three hours' treatment, no growth was obtained. By this time the wound was granulating well, and there was no swelling about it. At the end of the tenth day the patient was discharged from the hospital. It is thought that at least two weeks' time was saved by the treatment.

However, in numerous other similar cases not treated by electric light recovery has been just as rapid. Many practitioners have handled such cases and secured rapid healing.

One line of treatment that should not be omitted is the use of bacterius. The bacterius of the pus organisms are wonderful aids in pus cases.

THE PILL HABIT

Some months back we wrote an editorial on this subject. We called attention to a fact which even the laity know, viz., that regular physic-taking is a harmful procedure. On the other hand, attention was called to the fact that locked-up bowels, headaches and a whole train of autotoxic symptoms are even more harmful than physic taking. As much as has been written on the matter of regulating fecal elimination by diet, habits, water drinking, and so on, we cannot get away from the fact that many people are so persistently and obstinately constipated that purgative remedies are essential for their reasonable comfort and well being.

It is a question of deciding between two evils in many cases—whether it is better to take bowel remedies or remain constipated. Enemas and bowel flushings have their devotees; but this line of treatment loses its efficacy in time. Many argue that constipation is not in a high degree harmful, and we recall an article written by some medical man a few years ago in which he calls attention to the fact that French ladies do not have a bowel movement over once a week. When the ordeal was over she often received congratulations from her friends. Sluggish bowels do not serve all people in the same way. Many persons may go several days without bowel evacuation and do not suffer in the least therefrom. The integrity of the alimentary mucosa would seem to prevent toxins from filtering into the system. On the other hand, many cannot go over a day with confined bowels without paying the penalty in unpleasant symptoms. We believe the person who suffers no untoward symptoms without having regular bowel movements should let cathartics alone. If one early suffers from autointoxication, intestinal elimination must be employed to relieve it.

Taking physic may be harmful, but many

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people would die if they did not resort to it. The person well up in years has in his several yards of intestines (especially in the colon) an incubator that is constantly hatching out millions of micro-organisms that are not conducive to well-being and longevity. They must have elimination in some way. A particular drug acts in its own way, and that portion of the bowel on which it acts becomes inured after a while to its action. Hence it is best not to rely upon any one kind of laxative, but change from one thing to another is desirable, provided medicine-taking is absolutely necessary.

The cathartic question from a somewhat different point of view we append below from the *Journal A. M. M.:*

1. With the average adult, a daily bowel movement is not a necessity for a state of health.

2. Cathartics are habit-producing drugs, admissible only in case of temporary disturbance due to harmful material in the intestine, and in those suffering from an intestine disabled by local or general disease or debility, who in default of curative measures may have to be provided with a habitual evacuant. Especially obnoxious is the habitual use of purgatives in childhood.

3. Mild laxatives and enemas should replace the more drastic drugs. The mildest is the best, and the patient should be carefully fitted with the cathartic he needs.

4. Acute abdominal pain, unless accompanied with diarrhea, contraindicates catharsis. Oh the other hand, some patients with a chronic tendency to abdominal pain may keep themselves comfortable by suitable catharsis.

5. Cathartics are useful as a means of diagnosis for the determination of the degree of which symptoms are due to disturbance within the intestine.

6. Routine purgation, be it preoperative, postoperative or postpartum, be it employed in the treatment of diarrhea, apoplexy, dropsy or uremia, is undesirable.

When milk sours on the stomach of infants reared by bottle add a little chalk to the milk when boiling it.

FEED YOUR SOUL

Not all of the best in the world has arisen in our own civilization. Much that we have and take pride in has originated in other, perhaps more or less despised and disdained peoples, and their philosophers. We in America are leading the strenuous life and chasing the elusive almighty dollar to such an extent that we leave all other considerations in the rear and rush, rush, rush after the bag of gold at the foot of the August rainbow, totally oblivious of the more valuable, more profound, more lasting, more enjoyable benefits that are passed by in the mad rush for wealth. The number that fail to reach the goal of wealth is frightful. What have they to show for their zeal and efforts?

Let us pause in our rush for wealth, stop a while, and see if we can locate some of the things that will make life worth while to us in our haste, our work, our worry. The Japanese have a saying we should all be acquainted with. It is about like this: Buy a loaf for your table and a flower to adorn your table as food for your soul. Did you ever stop to think that you need to feed your soul? Many—perhaps all—of our cases of neurasthenia are due to the failure to feed the soul. The body is a frail organism and we are well acquainted with it. We have had enormous experience in righting it when something went wrong. We have had less experience with the soul, but only because we have rushed madly away from it and ignored its presence.

Cultivate ways of feeding the soul by the enjoyment of flowers, music, happiness, friends. The doctor needs a vacation as well as everybody else. The daily, ceaseless grind of sickness, depressing conditions, irremediable troubles, wears down the doctor's spirit. He must not let it take hold of him. Prevention is greater than cure, even in this. Keep up your good spirits, don't give way to depressing influences. Cultivate means of keeping alive the human being within the body—that is the soul to feed. Feed it well.

If the soul, if the human, is neglected, the body will feel the effects sooner or later. The wise man will prevent such depreciation. Perhaps the reader may find himself right now in

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need of such pabulum. Good literature to take your mind off the daily depressing problems is a useful method. Good music—sweet and lively—is quick to relieve and instantly enjoyable. Good friends, especially those of a lively disposition, are great hearteners. There are some people whose presence infuses you with a warmth and vivacity that is a wonderful stimulant. Cultivate their friendship and use their stimulating influence as much as possible. If they don't come to you, you go to them. They are the breezy, effusive, effulgent optimists that see great vistas of possibilities in everything and everywhere. We do not refer to the get-rich-quick schemers, however.

Be one of those breezy men yourself. Forget your troubles and your imaginary troubles; look into the possibilities for good in the future and don't worry about the past. Live in the present. Life is not a failure. Make of it and of yourself what you will. Don't hoard your money just to accumulate it. Do good with it. Do not be afraid the other fellow will get too much out of the deal. If the world has been generous with you, it is now your turn to present a flower to your soul by being generous yourself. You cannot be selfish and feed your soul. Selfishness strangles the soul.

Get a flower or a bouquet for your soul and enjoy it. Life is too short to be burdened with useless worries. Cast worry to the wind. Cultivate your human side to make life lighter.

SENTENCED TO DEATH

We have often called attention to the well-known fact that an unfavorable prognosis has a morbid effect upon the patient. Indeed, was there ever a patient who was really gladdened by an unfavorable prognosis, despite the fact that he may have insisted upon his physician telling him the exact truth? It never pays to deceive a patient too far, but there is such a thing as being too brutally frank. We are becoming so coldly scientific that we sometimes lose sight of the human element and look upon the patient merely as a "case." The strong points with the irregular physician—sinful qualities though he may have—is that he is a hopeful and cheerful cuss. Perhaps it is just as well that the sufferer be told as much as is good for him and no more. There is no profit to any one in sounding a death-knell prematurely. We note that physicians, as a rule, do not want to be told too much of the "cold truth" when they themselves begin harboring maladies that don't look good. A man in the writer's city shot himself recently, after, according to newspaper report, his physician had passed unfavorably on his case.

Under the above caption, "Sentenced to Death," we quote the following from *Therapeutic Digest:*

"Just how far the physician should go in acquainting the patient with his prognosis will always remain a question. But it does not seem to be desirable for the physician to give notice of the expectation of an early death unless there is some special reason for doing so aside from the purely medical aspects of the case. In the first place, a prognosis is by no means infallible. Even when it is based upon the most careful observation it may prove erroneous, and in most cases the prognosis depends to a certain extent at least upon statements which are made by the patient himself regarding his own condition and history, and such statements are notably apt to be erroneous. A London coroner has recently severely censured a physician who told a young man that he had only a few years to live. This prognosis so shocked the patient that he committed suicide by drowning. He had reported to the physician that he had been discharged from the army on account of a valvular lesion of the heart. The post-mortem examination showed that all the organs of the body were in a perfectly normal condition and that the young man was in perfect health. As a rule, there is nothing to gain and much may be lost by telling the patient that he is under sentence of death."

Owing to the illness of the Editor during the past month this issue of THE MEDICAL SUMMARY has been delayed. He is improving and hopes soon to get THE SUMMARY out promptly at the first of the month, as heretofore.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

DO WE PRACTICE MEDICINE SCIENTIFICALLY OR GREATLY FROM HABIT OR ROUTINE?*

By H. X. Richardson, M.D.

This thought comes to my mind through experience and observation. So often I find myself seemingly growing careless and using set rules in the treatment of all similar cases. Not only this, but others with whom I have associated I find have a tendency to do the same. Or rather we are trying to specialize, yet do a general practice.

In other words, Are we not falling on the plan of the patent medicine men, wherein *one* makes a *liver medicine* for *all* livers in *all* parts of the world no matter what the disease or condition of the liver? All will get well if they use my liver medicine according to directions. Another has a kidney remedy that cures all kinds of kidney troubles. Still another has a heart treatment and shows some party "falling dead" from heart failure, and so on *ad infinitum*.

No one who has a special remedy ever considers the human system as a whole. The eye, ear, nose and throat specialist considers these the cause of most diseases. So the dentist attributes many diseases to dental defects. The surgeon thinks the more appendices he has to his credit the greater benefit he has been to humanity and finally it will require forty-two specialists to treat one patient and to a certain extent this is correct and scientific. For, as I have stated in papers several times, a human being is a fine piece of machinery or rather an entire machine, with all its parts corresponding with a fine steam engine.

For convenience we will call the stomach the firebox, where the fuel is applied and converted into heat-producing material. The intestines, the ash conveyor, where the burnt debris is thrown off. The kidneys, the condensers, throwing out all the condensed water. The heart, the pump that forces the fluid through the tubes for making steam. The lungs the blower that brings in fresh air and keeps the fire burning. The brain is a powerful governor that regulates the whole machine and presides over it, while the liver is only the *lubricator*. It furnishes the proper material to keep the machine running smoothly and easily. The other organs not mentioned are only auxiliaries.

Now to bring in my scientific proposition as to specialists. To be strictly correct, every part of this machine should be handled by an expert who understands that special part. But just as it is with an engineer, the people are not yet healthy enough to hire a man to look after each part separately. So we would not think much of an engineer who did not understand all the parts well enough to take charge of the whole machine and run it. Of course, some parts might wear or be broken, so that they had best be sent to the shops, or in our case to the hospital. Yet he knows what is to be done and could do it himself. But as the shops are better equipped, he sends it there. And as we can't separate the parts, we send the whole machine.

The machinist seldom removes the part entirely, but only repairs it. Of course, if you watch your gauge and keep your fire properly regulated, a safety valve could be left off. Several taps and washers could be omitted and still run. So, the appendix, gall-bladder, spleen, one

* Read before the Humphreys County Medical Society.

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kidney, one lung, stomach, a portion of the liver, a few feet of intestine, a little brain matter, or even the testes might be removed and the machine still run. Yet the running would be much smoother and more satisfactory if they could be repaired and left on the machine. Any common mechanic could knock them out, but it requires a first-class scientific engineer to take such care of them that there may be no hot box to burn out, no friction to destroy, and so regulate the pressure on all the parts that the engine may last a lifetime without breaks or burnouts. How many of us want to send them to the shop for trivial defects and *all breaks?*

Now as to means of repair, etc., here is where we become specialists. So many blame the *liver* for every ill. The patent medicine man uses black draught or some such stuff. But as we are liver specialists we use our little "podo and calomy" instead. Also for every ill common to man. And, by the way, if there is any treatment good for all diseases, it is calomel and quinine. Why? Because quinine is a tonic and is good for every part of the machine, and could be used without the calomel. The trouble with calomel is we give it frequently with seemingly no special object in view and with little regard as to how much the dose should be in a given case. The truth is we "jump on" the liver for everything just the same as the liver-regulator makers do.

The first thing, perhaps, in most cases is "a good thorough" dose of calomel and podo. If that don't cure we repeat the dose. What would we think of the engineer who flooded his lubricator for every defect of his engine instead of first cleaning up his old clogged, gummed-up machinery? Is that not exactly what we do when we first give a large dose of calomel? We know that bile is nature's purgative. So when we find a patient with a costive bowel we know that there is not enough bile to go through, notwithstanding he is just spitting it out of his mouth and nauseated to death almost. As there is so little, it cannot move the costive, choked bowel; it turns back (the easiest way) into his stomach and becomes a strong emetic.

Now suppose we give this man a large dose of calomel in, say, three broken doses, one every three hours. We make the liver throw down a great quantity of bile on to that costive bowel and he gets, "Oh, so sick!" and soon the bile begins to come from stomach, eyes, ears and everywhere it can get out until finally it works its way through the costive bowel. He gets relief.

Would it not have been more scientific and really more common sense to have first given him a good dose of saline or castor oil and cleaned out that costive bowel, and then have given a half or a grain of calomel every hour until we could see results, thus only stimulating the liver to action instead of overworking it? When a man is sick his liver is sick. Should we make a sick man do three days' work in one in order to cure him? Then why make the liver do this?

I practiced on and near the Mississippi River for over twenty years, and it was a long time before I decided that we did not have to almost kill a man to cure him. I was attending a meeting of the Clarksdale and Six Counties Society. They had been talking hematuria for perhaps three hours, the principal treatment being calomel, sulphite of sodium, etc., but no one ever mentioned the dose to be given nor the results to be expected.

I said, "I don't know the proper dose of calomel. I just dropped in to learn the dose. I have listened for three hours and still don't know." Some said 10 grains, some 20 grains. One said, "Give enough to go through of its own weight." So there you are.

Calomel or mercury may be given as a tonic. Bichloride 1-32 grain three times a day. As an alterative protiodide ¼ grain three times a day. As a stimulant to the liver ½ to 1 grain every hour to effect. As an irritant 3 grains every three hours to 9 grains. Or as a sedative 15 to 20 grains. I use it for the first three mentioned purposes, never the latter. The course of calomel as an irritant is the most common and I think the very worst way, because it irritates and tears up the whole system. Whereas if we give a good saline or dose of castor oil first a heavy purge will not be called for and we can stimulate the sick liver to normal action as we would a sick man.

Now, should we not use as much judgment at least as a common engineer and first find what

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part of the machine is out of order aud not rush the lubricator or liver for everything? True, it needs oiling badly; but should it not be first cleaned up when found in such dry, rough condition with the parts burning out from friction?

Conclusions: A heavy dose of purgative or liver medicine is seldom, if ever, needed in a scientific treatment. But a good saline to open the way or castor oil is really the best laxative. Then stimulate the liver to action; never overwork it while it is sick.

INSERT 6 PT—*Read before the Humphreys County Medical Society.

Silver City, Texas.

CALOMEL AS A CATHARTIC

By John C. Warbrick, M.D.

Calomel is subchloride of mercury or hydrarg. chloridi mitis, mild chloride of mercury. It is all right itself to move the bowels, either in adults or children from babyhood up, in various doses according to age. There are, however, other things just as good as calomel to act on the bowels, some of them being compounds in which calomel is or is not an ingredient. It is astonishing, however, the number of medical men who depend almost entirely upon the use of calomel to move the bowels and with them it seems to be:

Calomel here; calomel there;
Calomel this and that;
Calomel up and calomel down
The whole alimentary tract.

The free use of calomel or of any other cathartic should not be encouraged, as it tends to promote the calomel habit or the cathartic call, not a very desirable one as time goes by.

It has been reported that a man fifty years old after taking two grains of calomel developed extensive gangrene of the tongue, gums, and palate, resulting in death. It seems to me in this case the conditions for causing gangrene resulting in death must have been present for a length of time; otherwise two grains of calomel would not be sufficient to produce it; something remarkable if so, unless the calomel had become infected in some way.

Any medical man who makes such a statement needs to be an accurate observer and to know his tissues pretty well to justify his statement. It could hardly have been a case of mercurial poisoning unless there was extreme susceptibility of foul tissues to the drug, rather an unlikely thing. It might have been a bad case of pyorrhea with the extension of the infection. However, one cannot form much of an opinion until more of the case could be known, for to take the mere statement of a medical man regarding such a matter is not enough. Three to five grains of corrosive sublimate or bichloride of mercury have caused death, while recovery has taken place from an ounce of it on a full stomach. Then how about the small dose of two grains of calomel in a man fifty years old?

The first statement reminds me of a man patient about sixty years old. His flesh was soft, heart weak, and his tissues none too healthy. He had been taking a few cathartic tablets I gave him to keep his bowels open. One day when I met him he told me he would not take any more of those tablets I gave him because they loosened his teeth and did the same to the teeth of his wife. An examination of his teeth was made and they were found to be heavily tobacco stained, loose and with pus about the roots, a real case of pyorrhea, which caused the trouble. I asked his wife about the matter, and she laughed and said it was absurd to say such a thing, especially about her teeth. Now this patient had honestly made inaccurate statements about his own teeth and those of his wife simply because he did not understand the conditions present, and you could not convince him otherwise.

It has been further stated that a child five years old after taking a small dose of calomel had diarrhea, salivation, and sloughing of the cheek. This would seem to be doubtful, for with the large amount of calomel used at the present time it seems rather strange if it produced such injurious effects as stated and that more cases have not been reported from time to time.

One-eighth of a grain of calomel and sodium bicarbonate may be given to a baby only two months old without any bad effects whatever.

I have given children often ¼ and ½ grain

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doses of calomel and soda bicarb. without any ill effects being produced, and I never expected any at any time. If children can take such doses of calomel that is said to be so injurious, then adults should be able to take twice the amount without incurring any danger. Anyway, judging the action of a drug by one or two instances in which something serious has happened to a patient is not nearly enough evidence to prove that a drug acts or has acted injuriously in certain cases. For once that the use of calomel may have caused trouble thousands of instances could be given, no doubt, by medical men all over where it has acted beneficially.

Another statement has been made regarding calomel and its use. It has been said the following diseases would be got rid of if the profession would avoid the use of calomel, viz., paralysis, consumption, scrofula, enteric fever, gallstones, colic, cancer, and stone in the kidney. Of course, some drug has to be made a goat of. Where the cause of a disease is not just apparent, some drug almost to a certainty has to be put down as the rogue. Calomel, like some other drugs, comes in for a great deal of abuse it does not deserve. No one having much knowledge of any of the above diseases would think for a moment that calomel had anything to do with causing them. Far from it would be the opinion. It is easy enough to make a statement regarding the ill effects of a drug, but it is another matter to prove it.

Chicago, Ill.

INACTIVE LIVER

When the liver is distinctly inactive, the tongue enlarged and thick, broad and pale, mucous membranes pale, skin full and sallow, with full sluggish circulation of the liver, stomach or bowels, the feces light colored, floating, the skin increasing from sallow to deep yellow with yellowness of the conjunctiva, the urine either pale, but cloudy when cool, or a deep saffron color with a tendency to edema of the feet and legs, give 10 drops of chelidonium four or five times a day. Chionanthus may be given with the same indications, esepcially if there be soreness over the region of the liver or a tendency to biliary calculi.—*Ellingwood's.*

UTERINE FIBROIDS COMPLICATING PREGNANCY

By Aime Paul Heineck, M.D.

During pregnancy women are subject to many pathological conditions that influence gestation, parturition, and sexual life. When of a surgical nature, such conditions find in pregnancy no *contra-indication* for the application of surgical principles, e.og., appendicitis being met by appendectomy; cholecystitis and cholelithiasis by cholecystotomy or cholecystectomy, either being considered routine performances.

There arises, however, in the course of pregnancy a condition to which obstetricians, gynecologists, and surgeons have given an entirely inadequate amount of study,—namely, the occurrence of uterine fibroids.

Uterine fibroids afflict all races. They originate during menstrual life and are more frequent than ordinarily suspected. When they occur in pregnancy, two lives are at stake; therefore, the subject is well worth being brought to the special attention of the medical profession.

The opinions expressed in this paper are based on my personal experience, supplemented and controlled by an analytical survey of 380 cases reported with adequate data in which the diagnosis received either operative or postmortem confirmation. The following observations offer themselves:

Any part of the uterus may be the seat of a fibroid; even the entire uterus may undergo myomatous degeneration.

Uterine fibroids are found associated with any form of pregnancy and occur in gravid uteri, otherwise normal or abnormal, congenitally so or acquired.

Uterine fibromyomata exert an unfavorable influence upon conception, gestation, labor, and the puerperium.

Uterine fibroids originate and may continue during all periods of menstrual life, may first become manifest in primiparæ, deutiparæ, and multiparæ, as is evidenced by the following table.

Primiparæ	101	VII-paræ	3
Deutiparæ	30	VIII-paræ	3
III-paræ	12	IX-paræ	1

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IV-paræ	8	XI-paræ	1
V-paræ	7	XIV-paræ	1
VI-paræ	6	Not stated	207

The youngest patient was nineteen years old; the oldest three each forty-five years old.

19 to 24 years inclusive	17
25 to 29 years inclusive	54
30 to 34 years inclusive	84
35 to 39 years inclusive	76
40 to 44 years inclusive	37

Fibroids vary in number, size, anatomical relation, and also in shape, consistency, structure, mode of implantation, and rate of growth.

The uterus has been found to be the seat of fibroids originating in the cervix, in the body, or in both body and cervix. One hundred and fifty-four cases under consideration presented 1 fibroid; 32 cases, 2 fibroids; and 56 cases, several fibroids.

Cervical fibroids are of rarer occurrence than those of the corpus. Among the cases herein considered, one notes 25 of the former and 139 of the latter. The cervical variety arises from any part of the cervix, may or may not invade the cervical canal, and frequently burrow under the peritoneum on the anterior or posterior aspect of the uterus. Submucous fibroids not uncommonly prolapse into the vagina. Of the corpus fibroids, 12 originated in the cornu, 39 in the fundus, 44 in the anterior wall, and 44 in the posterior wall; in 8 cases they occupied several parts of the body.

A classification serviceable alike from an anatomical, diagnostic, and therapeutic viewpoint is based on the relation of the tumor to the various layers of the uterine wall. Thus, fibroids are designated as subperitoneal, interstitial or intramural, and submucous. The subserous and submucous types are sessile or pedicled. In many cases more than one uterine layer is involved, and in a few the whole uterus appears to have undergone fibromyomatous degeneration. The following table indicates their reported distribution:

	Cervix	*Body*
Subperitoneal	2	66
Interstitial	29	74
Submucous	8	29

Pedicles vary in thickness and length, and at times undergo torsion. The latter is a rare accident, few pedunculated fibroids having a pedicle long enough to allow of rotation.

Uterine fibroids by virtue of their weight, volume, or location displace and fix the pregnant uterus forward, laterally, upward, downward or backward, causing pathological versions and flexions, and even pelvic impaction and incarceration. Such displacements are temporary in the beginning, but become permanent when inflammatory adhesion of the tumor to neighboring structures or organs takes place. Retro-uterine fibroids adherent to the pelvic floor will often be found as immovable as intraligamentous tumors.

When pregnancy develops in a myomatous uterus, the nutrition of the fibroid is unfavorably influenced by the altered conditions, and hypertrophy of the tumor results. The hypertrophy of the tumor is an effect of the increased vascularity and of the increase in number and size of the tumor cells. The softening, being largely due to edematous infiltration of the neoplasm, allows changes in the shape of the tumor, such as flattening against the uterus, against the pelvic walls, etc.

Fibroids, like other tissue masses, are subject to inflammatory and degenerative organs. These changes occur previous to or after abortion or premature labor; previous to or after full-term labor. Owing to their low vitality, fibroids offer little resistance to invading germs, either implanted upon or converged to them from the uterine cavity, or elsewhere, by way of the lymphatics r bloodvessels. Inflammation of a fibroid terminates in gangrene, partial or complete, central or peripheral; in suppuration or in the formation of adhesions. Adhesions of inflammatory origin, by displacing or fixing the gravid uterus, interfere with its functions and that of contiguous viscera, and are an important factor in the etiology of dystocia. Adhesive inflammation may bind the tumor to one or more organs and structures, omentum, intestines, Douglas' pouch, and to the abdominal wall.

Gangrene is due t› different factors: circulatory and nutritive disturbances, pressure within or outside of the uterus, lessened leucocytic defense or ease of infection of neoplastic tissue.

Fibroids are subject to calcification, to fatty,

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cystic, myxomatous, or red degenertaion. Degeneration occurring in the interior of the fibroids can lead to grave peripheral complications. Red degeneration of fibroids is an aseptic necrobiotic process characterized by hemolysis and autolysis of tissues. The tissue of the fibroid becomes necrotic and refuses to stain and presents on section a raw-meat, brown or mahogany color, which darkens on exposure to the air. The color is due to laking of blood in the necrosed tissue and diffusion of blood pigment into the cells. Red degeneration occasionally met in non-gravid myomatous uteri is more frequent, more extensive, and more intensive in uterine fibroids co-existing with or complicating pregnancy. In over fifteen cases herein considered, one or more of the fibroids had undergone red degeneration.

The process of red necrosis may advance to complete liquefaction of the tumor, with rupture of either into the peritoneal or uterine cavity, and secondary infection. In four cases, distinct evidence of cystic degeneration was present, the cyst wall being formed by the capsule and the periphery of the tumor, the cyst contents by a chocolate-colored fluid.

Pathological conditions co-existing with uterine fibroids are either purely coincidental or determined partly or wholly by the neoplasm. The frequent association of uterine fibroids with localized peritonitis and with disease of the uterine appendages is too well known to call for more than passing mention.

Purely coincidental pathological conditions are recorded: appendicitis, ovarian cyst, torsion of the pedicle of a dermoid ovarian cyst, intraligamental echinococcus cyst, carcinoma of the cervix, etc.

Without repeated examination the diagnosis of uterine fibroids and co-existing pregnancy is difficult to establish. The signs of pregnancy may be mimicked by fibroids and *vice versa*, *e. g.*, uterine souffle, bluish discoloration of the vaginal wall, Braxton-Hicks' intermittent uterine contractions; ballottement and abdominal palpation often give analogous findings in pregnancy and uterine fibroids.

Pressure upon the vascular channels is provocative of an edema involving the legs; upon the nerves of the sacral plexus, of pain; upon the intestines, of intestinal obstruction; upon the rectum, of rectal tenesmus, constipation and diarrhea. Pressure upon the kidneys and ureters, by anuria and uremia. Pressure upon the bladder is followed by vesical tenesmus; frequent, painful and difficult micturition, and in some cases by retention of urine.

Inflammation and degeneration occurring in fibroids determine local and constitutional symptoms. All degenerations, all acute inflammations of fibroids give rise to pain, varying in duration and intensity according to the extent, acuity and nature of the pathological process. The pain may be severe enough to necessitate the use of opiates. Closely associated with pain is tenderness. During pregnancy, degeneration should be suspected whenever a uterine fibroid becomes tender and painful. The fever, pain, and tenderness present in uterine fibroids are provided by one or the association of two or more of the following factors:

1. Rapid and sudden increase in size of tumor, as in edematous infiltration.
2. Serious mechanical pressure exerted by the new growth upon the rectum, bladder, and ureter.
3. Pelvic impaction and incarceration of tumor.
4. Bacterial inflammation of myoma or myomata, phlegmonous, suppurative or gangrenous in type.
5. Degeneration of tumor, cystic, red, etc.
6. Torsion of tumor's pedicle.
7. Torsion of pregnant myomatous uterus on its long axis.
8. Peritonitis, localized or diffuse.
9. Simultaneous adnexal disease, with or without peritonitis.
10. Impending abortion or premature labor.

A fibroid is a deformity, and if bulky may cause bulging and asymmetry of one or more abdominal regions. Abdominal and vaginoabdominal palpation enable us to obtain suggestive or fairly accurate information relative to the size, shape, consistency, mobility, and anatomical relations of uterine fibroids. A co-existing pregnancy makes the interpretation of the palpatory findings more difficult.

Uterine fibroids influence fertility even before they produce subjective symptoms, but to what

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extent is not as yet fully determined. In married myomatous patients, sterility is more common and fertility rarer than in married women of a corresponding age with normal uteri. Fibroids may so displace the cervix that it is not bathed in seminal fluid during the sexual act; they may obstruct the uterine cavity and compress the interstitial portion of the tube. Small subserous myomata do not diminish the capacity to conceive. In a general way, the chances of conception diminish in proportion to the size of the tumors and to their influence upon the uterine mucosa. Submucous fibroids determine the greatest endometritic disturbances: atrophy, changes in the uterine glands, inflammation, etc., and, therefore, of all fibroids they are the most frequently associated with sterility.

A woman is more liable to conceive after the successful removal of fibroid or fibroids. Women having uterine fibroids conceive less often, and frequently their first gestation occurs at a later period of life than in women with normal uteri. There may be an interval of many years between the pregnancies in fibromyomatous uteri; from three to seventeen years in the cases I analyzed.

During its entire course, uterine fibroids are a grave menace to pregnancy. They frequently cause abortion, premature labor, or death of fetus with retention of ovum *in utero*. A placenta implanted upon a submucous or an interstitial fibroid does not develop normally. Placenta accreta, partial detachment of the ovum, etc., may result. If the chorionic villi become imbedded upon a part of the mucosa covering a fibroid, the placental development and incomplete nutritive changes resulting therefrom is abnormal; the ovum may atrophy and the fetus die.

All uterine displacements, retroversion, retroflexion, prolapse, etc., and all uterine tumors predispose to abortion and premature labor. Pelvic incarceration, pelvic impaction, and inflammatory adhesion of the fibroid or fibroids to pelvic structures impede the enlargement and ascent of the pregnant uterus. Important in the causation of abortion are the inflammatory and degenerative changes to which neoplasms are subject. It goes without saying that the causes of sterility and of abortion that obtain in women with normal uteri are equally operative in myomatous women.

The hemorrhages accompanying uterine fibroids bear no fixed relation in amount, duration or frequency to the size of the tumor; they always interfere with the growth of the ovum. A hemorrhage may be insufficient to detach the ovum, and yet cause marked disturbance in the utero-placental circulation. Abortion attended by hemorrhage, more or less severe, may be caused by a pedicled submucous fibroid insinuating itself into the cervical canal.

"When a woman with a uterine fibroid conceives, it is certain that her life is in jeopardy, and not only as long as the fetus remains within, but also when it is expelled, whether it occurs prematurely or at term."* The danger to the child's life is proportionate to the nature of the obstruction, duration of labor, and method of delivery. Fibroids, cervical or corporeal, intensify the discomforts of pregnancy to such a degree that at times operative relief becomes imperative. According to Scipiades, in the myomatous cases that go to term the first stage of labor is prolonged, the second very painful, and the third more abnormal in 21 per cent. of the cases. Fibroids retard and arrest the expulsion of a living or dead child through the natural passages, and not uncommonly demand the employment of radical means of delivery. Delivery *per vias naturales* in certain cases of retrouterine or retrocervical tumors is impossible. A large tumor may so deviate the uterine axis that the presenting part does not enter the pelvic brim, and an abnormal fetal presentation results. The presence of one, two or more tumors and the resulting poor accommodation of the fetus to the natural passages not infrequently cause faulty or vicious fetal presentation: shoulder, left sacro-anterior, foot, breech, or transverse. Fibroids by their volume and their location may obstruct the maternal passages, prove a bar to normal labor, and necessitate suprapubic delivery to save the life of either the child or mother or both.

A low-down cervical tumor may prevent dilatation. Blocked labor, if unrelieved, may result in the rupture of the uterus. Uterine fibroids interfere with and weaken uterine contractions; not uncommonly, they cause uterine inertia, and

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thereby prolong labor. Intramural myomata occupying a great part of the uterine wall may prevent uterine contraction and retraction. Uterine inertia, impaired uterine contractility and retractility, pathologically adherent placenta, tortuosity of the cervical canal, make retention of placental tissue and post-partum hemorrhages common in myomatous uteri.

Placenta previa and adherent placenta are unusually frequent in pregnancy associated with uterine fibroids. Changes in the uterine mucosa incident to the presence of fibroids and insertion of the ovum upon the tumor often cause the placenta to be abnormally adherent. These pathological adhesions interfere with the spontaneous expulsion of the afterbirth and may necessitate the manual or instrumental separation of the placenta. In fibroids complicating pregnancy the post-partum and puerperal hemorrhages may be abundant, even fatal. It is not due to retained placental tissue; it may be due to atony of the uterus or to the fibroid itself.

During the puerperium fibroids delay involution, predispose to thrombophlebitis, obstruct the lochial flow, and often become infected and necrotic from injury incident to delivery. Purely obstetrical assistance, as forced delivery or the extraction past the tumor, entails the danger incident to contusion or embolism. Immediately after delivery, there ensue in uterine fibroids circulatory and degenerative changes predisposing to infection. The frequent infections of submucous fibroids is due partly to their location and partly to the brusing of their pedicle by the child's passage through the parturient canal.

The spontaneous expulsion of submucous fibroids into the vagina is accompanied by free bleeding and has been mistaken for a miscarriage. It is observed chiefly at labor and during the puerperium, in connection with small-based submucous fibroids.

1809 S. Trumbull Avenue,
Chicago, Ill.

(The treatment of these conditions will be presented in the next issue.)

A CONSIDERATION OF SOME EVERY-DAY DISEASES

By F. L. Jackson, M.D.

It was not so very long ago that a physician, called to the bedside of a patient, would feel the pulse, take the temperature, write a prescription and tell the patient he would call again in a day or two. If he was fortunate enough to make a correct diagnosis from the few vague symptoms, all was well. If not, he would change the medicine and try again. Things have changed, however, within the past few years. Nowadays the physician has at his command the means and measures necessary for the diagnosis and treatment of a greater part of the obscure diseases which only a few years ago were thought to be beyond the reach of medical science.

Tuberculosis

Success in treating this disease depends on an early diagnosis. When we consider the X-ray, the inspiratory rale, the hectic fever, the characteristic pressure curve obtained by the sphygmomanometer, and the various tuberculin tests, this should not be difficult. There is one symptom peculiar to this disease which should receive special mention: asthenia. Dr. Harrower, in his new book, "Practical Organotherapy," has called attention to this symptom as due to insufficiency of the adrenal glands, and when we remember the asthenia, low blood-pressure, weak pulse and heart action, we will do well to adopt the doctor's suggestion and support the adrenals and not only greatly benefit the patient, but also increase our ability to cope with the disease.

The Kidneys and the Heart

In studying affections of these organs, it is often difficult to determine which is the primary lesion. A congestion or inflammation of the kidneys may sooner or later develop a hypertrophy of the heart, while, on the other hand, a hypertrophy of the heart resulting from almost any cause will, in time, bring about a congestion and in many cases an inflammation of the kidneys. The differentiation may not be of importance, since the treatment of both conditions is practically the same, and yet, we who enjoy

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digging into obscure pathological conditions prefer to know if this or that is the primary cause and to treat accordingly.

—*The Blood Pressure.* In studying the functions of the heart and kidneys we cannot do better than rely upon the trustworthy sphygmomanometer. Normally, the *diastolic pressure* represents the pressure necessary to force open the aortic valve. The *pulse pressure* is that required to carry on the general circulation after the aortic valve has been opened. The *systolic pressure* is the two combined. Any disturbance (of internal origin) will cause a variation in one of the above pressures. A diastolic pressure of 120 or 130 and a systolic of 190 or 200 suggests interstitial nephritis or some other affection of the kidneys, with hypertrophy of the heart in order to properly carry on the circulation, for, as a rule, we do not get a high diastolic pressure in affections of other organs. A diastolic pressure of 120 or 130 and a systolic of 140 or 150 would still suggest an effect on the kidneys; but in such cases there is a weakness of the heart, as shown by the pulse pressure, there being about 20 or 30 mm. of mercury to carry on the general circulation.

A patient experienced an attack of acute nephritis, and after he had improved sufficiently to allow, I found the diastolic pressure to be 130 and the sytolic 150 mm. In two or three minutes I again inflated the cuff and found the diastolic pressure about the same, but the systolic 180, indicating, instead of a weakness of the heart, as I had suspected, there was a laziness or sluggishness of the sympathetic ganglion. About a month later there was another attack, and on repeating the same experiment, I found a difference of only 20 mm., showing that the heart was not capable of doing the extra work put upon it. The patient has improved under appropriate treatment. When the blood-pressure was again taken, about two weeks ago, the diastolic was 110 and the systolic 180. This showed that the heart had increased in strength sufficiently to properly carry on its work regardless of any obstruction, while the drop in the diastolic pressure indicated quite an improvement in the condition of the kidneys.

INFLUENZA

The findings in this disease are so varied, it keeps one guessing what the real cause might be. A prominent Boston physician told me he had found in the sputum of a large number of patients a germ resembling B. influenzæ, only that it was inclosed in a capsule more or less covered with filaments. He was not sure whether it was a new germ or the same old grip germ more highly developed.

Other investigators have found large numbers as well as varieties of the coccus family in the sputum and are of opinion that they get intl the blood through open wounds. Dr. C. M. Strong in an article entitled "Some Surgical Sequelæ of Flu and Their Treatment," which appeared in the April issue of the *New Albany Herald*, reports B. catarrhalis, all forms of pneumococci, B. influenzæ, Friedlander's, rare, and the pyogenic, with the streptococcus predominating. Among the latter was found streptococcus hemolyticus, thus accounting for the anemia. Another interesting thing was the low white count, which accounted for the extreme weakness so often found. Still another condition which is receiving considerable attention is a marked reduction in the alkalinity of the blood. This condition must lessen to quite an extent the intake of oxygen, also the elimination of toxins.

The asthenia, which continues for some time after the acute stage has passed, is probably due to insufficiency of the adrenal glands.

Whatever the disease or whatever pathological condition may be discovered, there are three principles of treatment which may be safely followed: (1) Find out the cause, which is not always easy. (2) Correct any symptoms or abnormalities that may be discovered, and by so doing conserve the patient's strength that he may be better able to resist the debilitating effects of disease. (3) By means of diet, hygiene and appropriate constitutional remedies, keep the patient's resistance as high as possible. This will greatly aid nature in correcting any abnormal conditions which may be present and protect him from germs which may be floating in the air.

Westbrook, Me.

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THE TRUTH ABOUT CANCER AND THE PRECANCEROUS STATE SCIENTIFICALLY PROVED BY THE BIO-DYNAMO-CHROMATIC SYSTEM OF DIAGNOSIS AND TREATMENT (The Radiant Color Filters)

By Orin William Joslin, M.D.

Important Signs. Reason for Skin Cancer

In such persons, senility appears early. The skin is dry and harsh, senile keratosis and verruca senilis appear. The tissues are in a high state of resistance to infection. Wounds heal by first intention. There is no suppuration. There are no boils or ulcers. The hyperalkalinity of the entire system is a stimulus to tissue repair and tissue growth. Abnormal tissue growth is prevented by trophic control. The person, as stated, is in the precancerous state.

This alkalinity, being in colloidal combination with tissue cells, is not readily broken. Time is necessary for the accomplishment of a noticeable reaction. In time, the water of this combination can in a measure be exhausted by evaporation and the alkalinity concentrated in the exposed parts of the body. Hence the great predominance of skin cancers above the collar and below the wrist-band in blond persons who lead an outdoor life. Since men lead an outdoor life, the skin cancers are found upon the face, neck and hands of blond men.

Cause of Beginning of Cancerous Tumor

The person of marked hyperalkalinity may never have a cancer. Trophic control is a wonderful thing, of which we have little knowledge. A stimulus is required to break it even in the hyperalkaline. The stimulus is chronic irritation, either direct or reflex. This must not be inflammation. At times the irritation need not be so acute or severe as to rise to the plane of consciousness. It is generally mild and extending over a period of time. This chronic irritation is the secondary cause of cancer. As stated elsewhere in this article, it determines the locus of the cancerous tumor. Many benign tumors, innocent of malignancy in themselves, are so situated as to be constantly irritated. For this reason they often become the site of cancers and not because they in themselves are precancerous lesions or precancerous growths. *Warts and moles are not precancerous growths.* They merely present prominences on the skin, which because of this prominence are more subject to irritation. The exposed surfaces of the body, in addition to the concentration of alkalinity by evaporation, are most exposed to irritation. For that reason skin cancers are the most numerous. Breast cancers are second, and cancer of the stomach and liver third.

From this brief review it will be noted that the condition of hyperalkalinity of necessity becomes physiologic for the cancerous. Through the years of accumulation the whole system accommodates itself to the slow change. The patient up to the inception of the growth may feel himself in good health. The process is the so-called natural process of senility or growing old. Yet this process may be accelerated and its results may be excessive so that only a moderated local stimulus may be required to break trophic control and initiate lawless development.

The essential prerequisite to a cancerous growth is a constitutional condition of hyperalkalinity. However acquired, this is the precancerous state. Let it be understood that in referring to cancer, I refer to the cancerous tumor or carcinoma, of epithelial origin, and not to sarcoma.

The foregoing explanation of carcinosis and its being essentially the prerequisite to a cancerous growth will make it clear *why all people who have local irritations* (and all people do have them, sufficient in themselves to cause cancer) *do not develop cancer.* Since it is possible by the Bio-Dynamo-Chromatic Diagnosis to detect all cases of carcinosis in any and all stages, from their very inception on, it can be plainly seen how it is possible to determine in every person at any and all times whether there is any danger or not of his developing cancer. What better life insurance could any one have?

Medical Disease—Not Surgical. "Cancer Recurrence" Misnomer

The foregoing scientific facts should also serve to make it clear *why surgery has always been a*

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failure in curing cancer; also why cancer is a medical disease instead of a surgical one. Trying to prevent apples from growing on a tree by picking the apples is no more absurd than trying to cure a cancer by cutting off the part that comes to the surface, when the cause of it is purely a constitutional toxemia. Is it any wonder, then, that patients operated on for cancer have the "*recurrences*"—which is a *gross misnomer? It did not "recur" because it was never cured.* How can a man come back if he doesn't leave home? It can be demonstrated that *every case of cancer operated on shows cancerous poisoning*—therefore *the patient is not cured.*

Cancer Now Scientifically Diagnosed. Physical Principles Explained

I have now given reasons as to *why* nothing has been accomplished; I have shown the *cause of cancer.* And now if I can show that *cancer is easily diagnosed in any and all stages* and *as easily localized in any stage;* also that *it is curable* in the earlier stages, and many times in the later stages, and that *without either surgery or drugs*, I feel safe in saying that I may be dismissed as having made full delivery on my contract.

To make it clear to those who have not had the opportunity to investigate it, how all this is done, the Bio-Dynamo-Chromatic System (popularly abbreviated the "BDC" System) of Diagnosis should be explained here, but time and space prevent. Dr. White in his 1500-page "Lecture Course to Physicians" covers the entire subject in clear, complete and beautiful style, including complete illustrations. Articles on the subject have appeared in medical journals. We have a booklet explaining the entire work in detail, copy of which will be cheerfully mailed to interested parties on application.

I will, however, give here a brief outline of the general physical principles of the BDC System, and I may say that it is all founded on well known principles of physics.

All physicists agree that the only difference between red and blue is a different rate and mode of vibration. It is also known now that the only difference between cancer and tuberculosis, or cancer and syphilis, or any disease and any other disease, is a difference in the rate and mode of motion, one disease from the other. Every form of energy affects every other form of energy, and one energy having exactly the same rate and mode of motion as another, when brought into contact with the other, will exactly neutralize this energy and stop all action. This is true no matter whether the energy comes from color, a human being, light, heat, electricity or what.

Dr. White has shown us the way then to find the exact rate and mode of vibration of every disease of toxic origin, which includes most diseases, and certainly the worst of them, such as *cancer, tuberculosis, syphilis, gonorrhea, grip, malaria, autointoxication, epilepsy,* the *infections* and *drug poisonings,* and many other diseases.

Briefly, the rate and mode of vibration of a patient's disease is determined by matching vibrations with him. This is done by "grounding" the patient in a dark room, having him in the magnetic meridian, and reflecting colored radiant screens on him. When the color screen that corresponds in rate and mode of vibration to that of his disease is reflected on him, the vibration of his disease—his toxemia—is at once dissipated, and there is a distinct change in tension of his entire circulatory and sympathetic nervous system, manifested by a distinct change in percussion note over the abdomen. Each color screen has been scientifically and clinically tested out for its individual corresponding disease, each disease calling for one shade of color only. Thus, by the color required to materialize this phenomenon, to elicit this "sympathetic-vagal reflex", it is at once known what disease or condition the patient is suffering from. For example, cancer responds only to burnt orange, and tuberculosis to the photographer's dark-room ruby. There are at present close to 200 screens worked out this way, and in combination it is possible to make 25,000 different color combinations, so there is no limit to the possibilities of the extent of this work. The system is as scientific as gravity or chemistry, and, being so, if an error is made in diagnosis, it is the fault of the technician rather than the system. Not the least interesting feature of it is that *the color that makes the diagnosis is potent*

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in affecting a cure of the same condition. That should be expected, however, when one understands the physics of it.

Cancer Can Be Cured

So many "Cancer Cures" have been flaunted before the public, that no matter how many cases in which one has actually been able to affect an absolute cure, he hesitates to let it be known. A few years ago any physician who even dared to undertake to treat cancer was considered a fake, and was ostracised from medical societies. We have not yet passed the era when any who dares say he can affect a cure of cancer is a faker. Somehow the surgeons, though knowing *they cannot cure cancer by operation*, and though all the rest of the profession knows the surgeons cannot, are not called fakers because *they operate for cancer, regardless of the fact that the patient still has cancer, plus a general weakened vitality from the shock of the operation and anesthetic, and MINUS a part of his body that God never intended he should lose.* How long, knowing these conditions, will surgeons continue to mutilate human beings and lessen their chances to live? I fear that kind of practice will go on until the public is finally educated to the real cause and cure of cancer, and therefore then objects to operation.

As I can prove every statement I make, and would cherish the privilege of being forced to do so, I dare to state that *for several years past, I have affected cures, absolute cures in patients suffering from internal cancers. The cures were all affected without the aid of either drugs or surgery, but by physical therapeutics entirely.* The principal modalities used were the powerful incandescent lights, the mercury-quartz actinic lamps, oxygen-vapor to raise the oxygen content of the blood (as all cancer sufferers are suboxidized), the intermittent chromatic diagnostic screen—and a low protein, a double protein, or a single protein diet.

Report of Cured Patients Given in Evidence

In conclusion I will cite two or three cases treated, the results of which are fair samples of the possibilities of the work mentioned.

Case 1. Woman in the forties, with a cancerous tumor of the stomach so large that it was easily palpitated through the walls of the stomach. The diagnosis was easy to make, of course, and had been so diagnosed by other physicians. She had all the cachexia, emaciation, anemia, pain and other symptoms that would be expected to go with it. She was a sure "last stager". She also had hemorrhages from the lungs very frequently, showing cancerous involvement of the mediastinal glands, checked up also by BDC test. She could not eat nor sleep; terribly constipated. She was a pitiful subject and no hope was given her, although we started in vigorously to see what might be done. After a week's treatment she could both eat and sleep well, and most of her pain was gone. She began to improve in every way in proportion, and the improvement was continually progressive. At the end of about six months the tumor in the stomach had entirely disappeared, and at the end of ten months' daily treatment, she was discharged as being absolutely CURED. She was in every way in apparent good health, and said she felt so. That was over four years ago and the last report from her showed no sign of return.

Case 2. Woman, also in the forties. Cancer of the breast—so diagnosed by three Chicago surgeons, and confirmed by BDC diagnosis. One surgeon advised radical operation, and another advised thorough cauterization. Her family physician advised our treatment and she was sent to our hospital. We assured her that we expected to affect a cure, and she was put under our treatment. The cancerous tumor was of the right breast and was so large and painful that she could scarcely bear the weight of light clothing. It was about ready to break down, and there was involvement of axillary glands. In one week the pain was entirely gone, and there was considerable reduction in swelling, with a general bodily improvement every way in proportion. We measured the cancerous strength with our ohm-meter, and it measured 17 ohms. In a short time we measured it again and it was 15 ohms. The improvement was in every way in that proportion all through the course, and in just ninety days she was dismissed as CURED. The tumor of the breast was gone, and she was the picture of health. An interest-

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ing part of it also was that during the course of treatment, several ohm measurements were taken, and it was found that the ohm-meter gradually descended toward the zero mark in exact proportion to clinical and every other sign, and that just at the time when nothing showed on the ohm-meter, the patient gave a "normal reflex", and everything else checked up to prove a cured patient. But the best proof we have is that now after three years, she is still a perfectly well, normal woman.

CASE 3. Man, aged forty-two. Three years before coming to us he had a cancer of the throat, as diagnosed by about six physicians, and after being treated by Zone Therapy he said, for a year, the growth entirely disappeared and did not return. But it recurred in the left side of the scrotum. This time he was treated in Chicago by local applications of the Kromayer Lamp and it was finally healed. He found he was failing in general health, had a hacking cough and loss of weight, and in about six months he had severe pains in the right groin and scrotum, and finally a growth appeared in the right scrotum and broke down and discharged. His family doctor sent him to us this time, and the BDC showed both cancer and tuberculosis. He was put under general treatment, with little or no local treatment, and in about ten weeks the local lesion was healed and normal. In about four months he was discharged as CURED, both of cancer and tuberculosis. Last report after one year showed him still normal in every way.

Conscientiously interested parties may communicate with or meet these patients and hear their own stories.

There is just one more thought that I want to leave as a parting thought. Remember always that "*It is the patient that has the cancer—not the cancer that has the patient.*" *Therefore, treat the patient and not the cancer.*

57 W. Fifty-eighth Street.

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*Podophyllum (vegetable calomel) in minute doses is a charming remedy for brain troubles of teething, with rolling of the head, and moaning in sleep—jaundice of children with stupor and white stools.

UNRELIABLE LABORATORY EXAMINATIONS

BY SIMON R. KLEIN, M.D., Ph.D.,

Formerly Professor in Fordham University School of Medicine, New York City, and in Villanova College, Villanova, Pa.

Some time ago I went into a so-called "private laboratory" when a practitioner came in with a specimen of urine. He wanted it examined especially for acetone only. The woman pathologist in charge did examine the specimen in my presence. It took her only six minutes for acetone and diacetic acid examination! It was done wrong, falsely, and she charged two dollars for this terrible bluff! !

In another laboratory one morning four patients called for Wasserman reaction. I noticed the so-called "operating surgeon" did not know how to take the blood. I noticed, also, that there was *not* the proper outfit for such work!

To mention a third case, which is more of a joke than a danger. My attention was called to a dozen very peculiar reports. Twelve samples of the *same* urine (belonging to the *same* patient) were sent to twelve different laboratories and twelve different reports were received on the *same* urine! It was the work of a good "detective" in medical business.

I would be able to mention hundreds of cases happening here in this great metropolis every day. And no county society, academy of medicine, or any other lawful organization is trying to stop this shameful work.

346 E. 42d Street, New York, N. Y.

A professional joke-writer is authority for the statement that invalids enjoy jokes at the expense of their physicians. It is also very evident that people who have never had to patronize doctors enjoy this sort of jokes. Frequently some one springs the old gag about some doctor saving his life. When asked the particulars he very facetiously remarks that he sent for the doctor one time and he didn't come. These jokes do not show up the profession in a very dignified light, but they probably do no harm. A certain medium-priced car is the butt of hundreds of jokes, but it is said they only tend to advertise it and increase its sale.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

BOTULISM

During the latter part of 1919 numerous cases of poisoning, and a number of deaths, were reported in different parts of the country, as a result of eating olives or certain canned vegetables. These deaths were caused by botulism—literally "sausage poisoning."

Botulism has in the past usually arisen from consumption of home-preserved food which was not correctly packed; but investigators have concluded that infection with botulism through commercially packed foodstuffs, while rare, is by no means impossible.

The obvious method of protection against botulism, which has a high mortality, is to refrain from eating preserved foods which are noticeably spoiled. The presence of the bacillus botulinus is usually indicated by a sour odor, or by some other plain evidence that food containing it is unfit to be consumed. While the presence of the bacillus has been noted only in foods which have been prepared for preservation in cans, jars or other containers, ordinary prudence demands the rejection of any comestible which, by smell, taste, or appearance, shows signs of being spoiled.

Bacillus botulinus was first isolated by van Ermengem in 1896. It is of the anaerobic type; that is, it cannot exist where oxygen is present. When taken into the human system, it lodges in the digestive tract, and the toxins produced there are absorbed and spread through the body. Inasmuch as the first symptoms of botulinus do not appear until it is too late to employ the stomach or emetics, and since the only treatment is a serum of doubtful value, the fight must be devoted mainly to keeping up the sufferer's strength and combating the various symptoms as they occur.

Botulism is somewhat similar, in its early symptoms, to encephalitis lethargica, a disease which is very much in the popular mind at present, and an epidemic of the latter disease in England in 1918 was wrongly diagnosed as botulism, supposedly due to the war diet of the people. The onset of both diseases is acute. The first noticeable symptoms are similar, and consist of dimness of sight, often followed by coma. But there the resemblance ends. Encephalitis produces a slight rise of temperature; botulism usually does not. There are rarely two cases of encephalitis in the same household, while botulism usually affects at the beginning several people, all of whom have partaken of infected food. Finally, death from botulism usually occurs within four days, accompanied by varying symptoms, while encephalitis tends to produce prolonged coma, and to become in a sense chronic.

Ptomaine poisoning, which also may result from eating bad food, is not associated with the presence of the botulinus bacillus, but in the past, in the absence of exact methods of diagnosis, it often was confused with botulism. Figures for the United States show only 150 cases of botulism, with 97 deaths, according to the American Red Cross.

Food containing the bacillus botulinus may be either animal or vegetable, and in many cases the death rate from eating poisoned vegetable products has been excessively high, due probably to the fact that preserved vegetables often are served raw, as in salad, while meats are more apt to be cooked, with a constant diminution of the virulence of the botulinus germ. German statistics of several epidemics show mortality in cases of consumption of infected vegetables to be as high as 52.3 per cent., that from smoked meat and bacon being 19 per cent., from sausage at 17 per cent., from fish and lobsters only 10 per cent., the mortality tending to diminish in

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proportion to the probability of the food's being cooked before consumption. A curious fact in relation to the epidemics of botulism arising from the eating of poisoned olives is that in cases when the olives had been washed before they were eaten, the disease appeared in milder form, or did not attack those persons who had taken the precaution to wash their olives.

The sterilizing methods adopted by the corporations which distribute preserved foods seem largely to eliminate the possibility of botulinus infection. It is usually in the cases of products of isolated unscrupulous packers, or where foods which have been rejected by the original consignees are sold at low prices in second-rate stores that there is danger of botulism. The bacilli of this disease may develop in home-preserved foods through insufficient sterilization of the food or of the container; or through the faulty methods of excluding air from the sealed container, thereby allowing putrefaction.

The great majority of the commercially prepared foods are absolutely safe when they leave the packing plants; but the public should insist on getting undamaged containers, since even the best of these receptacles may be damaged by careless handling. The proportion of safety in tinned foods is shown strikingly by an experiment carried on at Harvard University, where a lunch club experimented over a period of sixteen months with 1,850 cans of food. Absolutely no ill effects were discovered as a result of this investigation.

The botulinus bacilli are not found in raw foodstuffs, or in products which have been correctly prepared. Observance of scrupulous care in preserving food for future consumption eliminates the possibility of the spreading of botulism, which, while it fortunately is not of frequent occurence, nevertheless is one of those maladies with which medical science has not yet definitely learned to cope.

"Are you of the opinion, James," asked a slim-looking man of his companion, "that Dr. Smith's medicine does any good?"

"Not unless you follow the directions."

"What are the directions?"

"Keep the bottle tightly corked."

SEASONABLE SUGGESTIONS

We excerpt the following from the *American Red Cross:*

The best way to drown is to throw up both hands and holler "help"!

The small boy makes a good life saver because he has not learned fear, and three of him are usually present before the first adult arrives on the scene.

If a duck had to wear shoes and stockings he would never have learned to swim.

Lots of good barrels have been ruined rolling drowned people over them. Learn the proper method of resuscitation.

Fellows, never take a girl canoeing unless you can swim for two, or know a girl who could save you.

A canoe is different from a canal boat. It is safe to stand up in a canal boat.

If clutched by a drowning person, encourage him to climb up and get from under as rapidly as possible.

A small boy is a good life saver, for like a tugboat, he has the engine power without the cargo space.

ON COLLECTING BILLS

This topic has been much discussed. There is no royal road to follow in becoming a good collector. The clientele must be studied and the best method of obtaining money directed toward personal idiosyncrasies. Too many physicians fear giving offense by approaching debtors for money past due. This is, as a rule, a mistake. Delinquents soon begin telling that Dr. So-and-So is a poor business man. They may overlook the fact that it is such patrons as themselves who make him a bad financier. Disputes arise over old accounts because they have mounted to generous sizes, and they may then conclude that the doctor is trying to "gouge" them. Generally speaking the best way to collect is to send out statements at regular times, usually monthly, but never longer than every three months. If the debtor takes offense, the doctor is probably better off without his patronage.

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SPIRITS OF CAMPHOR AS A PREVENTIVE OF HAY FEVER AND ASTHMA

EDITOR MEDICAL SUMMARY:

Every physician of any experience has probably been baffled in his efforts to ward off attacks of hay fever or asthma. In 1903 I attended a blacksmith suffering from a severe attack of asthma, to which disease he had been subject all his life; indeed, his first attack followed whooping cough when he was nine months old. This intractable disease has clung to him like a veritable "Old Man of the Sea" all his life (he will be fifty-seven years old in October, 1920) and has left its sinister signs stamped upon his whole appearance; he is bent (kyphotic), worn looking and shows marked evidence of the struggle through which he has passed. He has tried all kinds of treatment from that prescribed by eminent specialists and general practitioners to the cults and sure cures that infest the by-ways of medicine, but nothing has given him more than temporary relief. He is a man of considerable intelligence and has been experimenting for many years to find something to give himself relief.

A couple of years ago he began using a solution of carbolic acid, camphor and borax, applying it to the mucous membrane of the nose by means of an atomizer. Later he used spirits of camphor alone. His asthmatic attacks were always ushered in by hay-fever symptoms, such as sneezing, irritation of and discharge from the nose and also from the eyes at times. As soon as he felt these symptoms coming on he would pour some spirits of camphor in his hand, hold it to the nose and inhale freely—repeating several times if necessary to check the trouble. He tells me that he has done this for eighteen months and during that time has not had an attack of asthma, whereas formerly he was an almost constant sufferer from this disease. He keeps one bottle of the spirits of camphor at his house and one at the shop, and as soon as he feels the trouble coming on applies it freely. For many years I have been using an inhalant composed of 20 grains of menthol in an ounce of chloroform or alcohol and it gives great relief in many cases. The menthol added to spirits of camphor might do still better.

E. STUVER, M.D.

Fort Collins, Col .

PICKUPS OF MEDICAL PRACTICE

EDITOR MEDICAL SUMMARY:

This subject offers a broad field in which we may roam almost endlessly, picking up, if we please, much that is valuable and interesting. In the series of articles which I have sent to THE SUMMARY under this caption, I believe there has appeared some things that have aided the readers in getting over the obstacles which have presented themselves along the way.

It is the little things, after all, that make up the medical life. The big things are too heavy and too dry to be borne by the rank and file along the march toward a higher plane of medical thought. We would soon get overtired were we to dwell constantly on the big things, leaving the spice and the flavoring out of the medical and social pabulum by which we are sustained and fed.

We must play; we are dulled by too much work. The keen edge of investigation is lost

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unless we sharpen it on the innumerable little pleasantries which are scattered along the way. Our way would be dark and gloomy but for the sparkling sunlight which is intermingled.

So we may well find a place for the little incidents and the trifling occurrences. While the big things help to make us physicians, the little ones aid in making us human and the human side of us is the side most needing bolstering up. This one thing can well furnish food for an article or for several papers of sufficient length to have a place in THE SUMMARY—the human element in the life of the medical man; truth, honesty and justice, a trio of essentials in the life of the physician, provided we are to live a life worth while in the medical profession.

In a visit to a medical friend in a not distant village I picked up a few things that will, I think, be worthy of a place in this paper at this time. This friend said that not long ago an M.D. who practices in the same place came to him and suggested that they get together on the question of prices, stating that he was charging one dollar and fifty cents for visits in the village and one dollar for office calls. A day or two later it was learned with absolutely positiveness that this fellow was going out nearly two miles for one dollar. It was also ascertained with certainty that he was driving five miles for one dollar and fifty cents. These are among the unpleasant pickups. We all do enoufh without fee, and it would seem to be bordering on maliciousness to do these underhanded things. The only solution is that this man, being unable to compete fairly with his opponent, was resorting to deception and falsehood to get enough business to make a living. Such men are scarce, however. My personal experience and observation proves that most physicians are honest with their fellows. Let us hope that this is true.

I have had two cases recently somewhat peculiar and in a sense interesting. I was called hurriedly to see a child about two years old, who, as they were very sure, had swallowed an open safety pin. In about two hours an X-ray picture showed the open pin very plainly in the stomach. The plan which was followed was to move the bowel contents as slowly as possible. The pin completed its journey in about fifty hours without any appreciable effect on the child.

Later, and within a very short time, a man came to my office greatly excited, saying his little girl, about five years old, had eaten some pieces of glass. He showed me a small bottle which had been broken at one end; the child had chewed the end off and no pieces could be found. I advised deliberation and "watchful waiting", but nothing has thus far been found. There are so many varying opinions as to what to do in these cases that my experience may be of interest because of the fact that healthful discussion may be elicited from which we may all learn something. My plan is to go slow. The curds which we are so careful to avoid in most cases may be a valuable aid in acting as vehicles to carry these foreign bodies.

E. W. BOGARDUS, M.D.

Romulus, N. Y.

DR. OSLER AT SEVENTY

EDITOR MERICAL SUMMARY:

Dr. William Osler, one may say, passed away long before his time, before he should have. Judging from his temperament, one of mental serentity and his physique, thin and mobile, Osler should have lived on into the eighties or longer, and no doubt he may have thought himself he might possibly do so. He had all the comforts and requirements necessary to make life worth living and also for a long life, yet, like many others, he succumbed at an early age that thousands of others have passed by a wide margin without much trouble.

Osler was a good physician, and knew a great deal about medicine and the treatment of disease. He could, however, have known a great deal more about the physical side of the human body quite necessary to understand as well as the medical side, but he may have thought it was hardly worth while looking into.

Had Osler known how to take care of himself properly he might have been living today. It is one thing for a physician to know a great deal about medicine, and it is another thing to know a great deal about the physical side of the human machine. It might be just as well to know less medicine and its theories and more about the welfare of the body in all its aspects for the

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prolongation of life. Osler did not die from the effects of old age, but from something that might have been prevented; yet it seems surprising that Osler was taken away so quickly.

Osler made two statements during the course of his life that had a tendency to do some harm. The first statement he made was that of drug nihilism, meaning that only one or two drugs in the whole pharmacopeia were of any use. This statement the oseopaths took hold of and quoted ever afterwards as favoring their treatment,and coming from such an eminent man in the medical profession it meant a great deal to them. Such an utterance is, of course, absurd, and because Osler made it it does say it is true or prove it. Osler has gone, while the much-abused pharmacopeia still continues to exist, and will do so for ages to come.

The second statment Osler made was, no doubt, intended as a joke. This, however, was not known; so it got a wide circulation and caused much harm. He said that men after sixty years were useless and should be chloroformed. This, of course, all depends upon the man and how he has taken care of himself. Some men are almost as good at sixty as they ever were and are capable of doing a great deal.

JOHN C. WARBRICK, M.D.
306 E. 43d Street, Chicago, Ill.

ATROPHY FROM DISUSE

EDITOR MERICAL SUMMARY:

A six-year-old girl was brought to my office June 10, 1920, with the left arm hanging by her side. Her mother said the child did not use the left hand and arm at all. I told her to undress the child; I examined the spine, body, and arm. All I could notice was that the left arm was much smaller than the other, that she had no desire to use it. After I had her use the hand and arm in several ways, the mother said she was always playing jackstones, but never used her left hand in her games. As I could find nothing wrong with hand or arm I told the mother that member must be put to use by trying to play jacks with it as much as the other; to get her a rubber ball, have her bounce the ball just as many times with one hand as the other. And when they left the office to call in two weeks and report, which they did.

The child's hand and arm were much better. The parents were surprised to find there was no more serious condition of the members, and as she was not very strong she wished I would give her a tonic, which I did reluctantly, of hydroleine, and now she is on her way to full recovery and womanhood.

W. H. Ross, M.D.
Grand Rapids, Mich.

HOMEOPATHIC SYMBOLS

The meaning of the symbols or signs commonly employed by homeopathic physicians in their case reports is as follows: The sign < is used to denote "growing worse," "made worse by", "becoming worse." It is synonymous with the word *aggravated* or *aggravation*. It corresponds to the word *crescendo* as employed in music.

The sign > is, of course, the opposite in meaning, signifying a betterment or lessening of the condition. Hence "made better by," "ameliorated by," "becoming better from or by," will explain its use. It corresponds to the word *diminuendo* as used in music.

The letter x is used to denote the word "decimal," and when used after a number such as 30x means that the thirtieth decimal potency is intended. The Greek theta (Θ) is the symbol used to denote a tincture. Thus *Arnica* Θ means *Tincture of Arnica*.

ANNUAL MEETING

I hope to meet many of the SUMMARY readers at the Fifth Annual Meeting of the Medical Society of the United States at Arlington Hotel, Hot Springs, Ark., October 12, 13 and 14, 1920. A postgraduate course of six lectures will be given by prominent physicians. They will be helpful and practical. You certainly can't afford to miss it. The writer will deliver a lecture on the "Treatment of Pain; How to Find he Indicated Remedy for Pain in Any Part of the Body." It will be the first lecture of this kind ever delivered before a medical society in this country. ELI G. JONES

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Postal Card Pointers

We trust that our readers will help to make this page of value to brother practioners; send us anything that in your estimation would prove of value to others. This is in accordance with our announcement in last issue of The SUMMARY. Now then Doctor, do not fail to send in something at once for our next issue, please.

We can use more postal card articles on this page. Readers, let us have them in time for the September SUMMARY. Here is an opportunity to write a little but useful article if you do not wish to write a big one. Every doctor can write a small article without hesitation. Go ahead, now. Say something.

BICARBONATE OF SODA IN HAY FEVER AND COLDS

EDITOR MERICAL SUMMARY:

In a medical journal some years ago, a doctor stated he had treated a series of fifty cases of hay fever during a period of three years by giving bicarbonate of soda in dram doses three times a day with such marked results that he tried it in others and found that 90 per cent. of the patients enjoyed a marked amelioration of symptoms and 70 per cent. complete relief after a few days' tre tment. This induced me to give it a trial.

The first case I treated, a man, said he had hay fever every summer for a number of years. I first treated his nose, for I believe with Dr. Wier of Racine, Wis., that no hay-fever victim has a normal nose. I then gave him about a dram of bicarbonate soda every two hours for three doses, then a dram three times a day with complete relief.

I tried it in other cases with the same result. In some cases it gave relief, but they were not as largely benefited.

In common colds, where there is a continual running of the nose, repeated sneezing, some coughing, bicarbonate of soda in half dram or dram doses taken in water every one or two hours is a complete cure.

J. WM. TRABERT, M.D.

Lebanon, Pa.

INDIGESTION WITH FLATULENCY

EDITOR MEDICAL SUMMARY

For indigestion with flatulency, loss of appetite, weakness and distress of the stomach try the following which acts wonderfully well. It is in my little book, page 81:

℞ Sodium bicarbonate..... ʒ j
Tinc. nux vomica..... ʒ ¼-½
Fairchild's ess. pepsin..... ʒ iij
Spts. frumenti (best Bourbon or rye whiskey).....qs. ad ʒ viii

M. Sig.—A dessertspoonful in water immediately before or after meals.

M. O. TERRY, M.D.
ET-Surgeon-General, S. N. Y.
Coronado, Cal.

TOOTHACHE

Here is a fact. I had a toothache at night. I took a tablet, with this formula,

℞ Acetanilid..... 3 gr.
Sodium bicarb..... 1 gr.
Caffeine citrate..... ½ gr.
Tartaric acid..... 1-8 gr.

and placed it between the gum and cheek, allowing it to dissolve slowly. It was very effectual and I have prescribed it frequently with good results.

A boy of twenty years with scarlet fever developed a severe arthritis in his right shoulder. It seemed that he had just cut a left upper wisdom tooth and was cutting its fellow on the right side. One tablet stopped the pain of the wisdom tooth and the shoulder got well in a hurry.—E.P. P. S. Miller, M.D., Chicago, Ill., in *Ellingswood's.*

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Summary Gleanings

In chronic gastritis there may be considerable tenderness distributed over the stomach area, but a persistent, localized soreness in the stomach or duodenum is most likely to be due to ulcer, although cancer will also give some tenderness.

A quick and satisfactory remedy to restore the lochial discharge after confinement, if suppressed, is thirty drops of motherwort (leonurus cardiac) in half of a teacupful of hot water repeated every two or three hours.

For tachycardia lay patient on abdomen, head to right, and concuss or vibrate the seventh cervical nerve on the left side for six minutes; rest one minute; again concuss for six minutes the same nerve.

For asthma concuss fourth and fifth for six to twelve minutes with one minute interval occasionally. Then give a treatment with a fast sine electrical wave, placing pad on sacrum and the electrode over fourth and fifth cervical nerves, for six to twelve minutes.

Use gelsemium in cerebral excitement, convulsions, eclampsia, spasms in children, or where opium would be thought of. Use it in full doses.

When the bleeding of a hemophilic cannot be controlled by ligation, pressure, local application of blood serum or injection of serum, transfusion of 100 to 200 mils of blood has proved invaluable.

In obstinate tympanites place the patient in the knee-chest position for a few minutes and gently massage the abdomen from beneath over the course of the colon.

A patient with postoperative complete intestinal atony, bowels distended to a enormous extent by gas, in great pain, was relieved in a short time by a hypodermic injection of 1 dram of subculoid lobelia.

A begiining tubercular peritonitis will often give dyspeptic symptoms.

When the appendix is the cause of dyspeptic symptoms, tenderness will almost invariably be found and usually over McBurney's point.

The failing pulse does not more surely tell of asthenic tendencies than, as a rule, does the red, dry and polished tongue.

Thirty minims of either subculoyd or subdermal lobelia will give immediate relief in gallstone colic.—H. J. Blake, M.D., Beacon Falls, Conn.

Palestine's first medical journal, *Harefooah* (Medicine), has just made its appearance, published by the Jewish Medical Association of Palestine. The journal is a quarterly and its first issue is dedicated to the memory of the Jewish physicians and nurses, who "lay down their lives in the years of upheaval in the Holy Land."

It is stated that a larger number of seizures and prosecutions on the charge of false and fraudulent labeling of proprietary preparations have been made during the past year than in any other year since the enactment of the Federal Food and Drugs Act, according to a recent statement by officials of the Bureau of Chemistry, United States Department of agriculture.

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SEPTEMBER, 1920

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

Vol. XLII

R. H. ANDREWS, M.D., Editor & Proprietor

2321 PARK AVE., PHILADELPHIA, PA.

No. 7

ESTABLISHED 1879

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PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

Vol. XLII Philadelphia, October, 1920 No. 8

SUBSCRIPTION RATES. $1.50 per year, or three years for $4.00 in advance, in the United States and its possessions; also the same in Mexico. In all other countries $1.75 per year. Single copies, 15 cents. These rates are due in advance.

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2321 Park Avenue Philadelphia, Pa.

Entered at Philadelphia Postoffice as second-class matter.

ASTHMA

Asthma is a form of paroxysmal dyspnea the characteristic feature of which is marked diminution or arrest of the respiratory movements with prolonged expiration. It may begin at any age, but usually starts in the earlier years of life. Some quite young people manifest it as a slight difficulty in breathing which is ascribed to catching a cold, which may be in the chest or in the throat. These sometimes are the nervous people who cannot stand much throat treatment, cannot swallow a pill or tablet, complain about such medicines, return only occasionally or not at all for treatment when advised that treatment is needed. Males are more often the victims of the disease than females.

Sometimes the removal of adventitious tissue from the nasal cavities relieves the patient for a while; cures have been claimed for such treatment. Personally we have never seen any such cures. Asthmatics do not seem to develop tuberculosis, and tuberculars rarely develop asthma.

The causes are found to be in different cases: inhalation of horse dandruff, plant pollens, feather dust, etc. Cooke divides the causes into anaphylactic and nonanaphylactic. It has been found that odors from various sources provoke attacks of asthma. In one case it will be that from a horse, in another a cat, in others rabbits, guinea pigs, stuffed or live birds, etc. The pollens of various weeds may produce an attack. The study of the various proteins has given rise to their use in treatment. Certain foods eaten will cause attacks in the susceptible.

The disease seems to be a spasm of the circular muscles of the bronchi and a tumefaction of the bronchial mucous membrane.

Hypodermic injections of adrenalin chloride, from 15 to 30 minims, gives quick relief in many cases. It does not cure, and may have to be repeated as occasion demands. Benzyl benzoate, in doses of from 5 to 30 grains, is now being used with more or less success.

The old reliable potassium iodide still does duty, as does lobelia.

The injection of foreign protein is now carried on extensively. First a skin reaction is attempted to discover which pollen is the disturbing agent. Allergy reactions are attempted with ragweed,

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Where this is done the treatment is much simplified, as it permits of the injection of colloidal silver into the renal pelvis.

The colon bacilli produce kidney infection quite often because of their absorption, along with fecal toxins, from a constipated colon. So many people permit their alimentary tract to get into such a bad state of inertia that they are usually in a pernicious condition of autointoxication. This may be due to faulty habits of eating. We Americans eat very slovenly. We do not chew our food sufficiently, which produces indigestion. We are not always blessed with good cooks, which is another cause of our indigestion. In addition, we choose our food badly. Many persons daily lunch on dry fodder—sandwiches and the like—bolted down in a few gulps, with a cup of coffee poured on top. Little wonder that indigestion follows. Not only is autointoxication produced, but constipation produces rectal prolapse and hemorrhoids.

The alkaline treatment of the kidneys consists of potassium citrate by the mouth and sodium bicarbonate and hot water by the bowel. It is the treatment for the acute cases.

The patient should be confined to bed and attended by a nurse. The room should be kept warm, though ventilation is not to be neglected. He must use the bedpan, of course. The alkaline treatment is to be promptly instituted, by mouth, by rectum or subcutaneously. The water may be given plain, hot or cold, barley water, or tea with milk and sugar. If possible, Kidd says, six pints should be taken in the twenty-four hours. The alkali is potassium citrate in 60-grain doses every two hours until the urine becomes alkaline (tested by litmus paper). Test the urine frequently (once or twice a day). Increase the dose if necessary to secure alkaline urine. When this condition begins the citrate can be given every three hours and later every four hours as improvement proceeds. Kidd says that sometimes a mixture containing 30 grains of potassium citrate, 10 grains of potassium bicarbonate and 20 grains of magnesium citrate or carbonate, suspended in mucilage and water, is better tolerated by the stomach. Kidd strongly recommends this treatment. He believes the symptoms are due to acidosis. He continues the alkalies ten days.

On the tenth day, if the temperature has been normal for some days, he discontinues the alkalies, but continues the large quantity of fluid, and orders 30 grains of acid sodium phosphate and 10 grains of hexamethylenamine four times a day until the urine is acid. He continues the hexemethylènamine for three or four months afterward.

Fulminating cases may be treated the same way for a short time, twelve to twenty-four hours. If no improvement is evident nephectomy may be required.

An injection of a 20 per cent. solution of colloidal silver into the pelvis of the affected kidney by means of the ureteral catheter will usually be sufficient in chronic pyelitis. It may be repeated, if necessary. A radiograph can then be made, which may reveal dilatation, kinking, etc.

RUPTURE OF THE BLADDER DURING LABOR

Dr. John W. Poucher of Poughkeepsie, N. Y., reported a case, stating that rupture of the bladder during labor was very rare. It might be caused by instrumentation or spontaneously by overdistended bladder. The immediate symptoms simulated those of rupture of the uterus. It was important that the bladder be frequently emptied during severe and protracted labor. Recovery of the patient depended on prompt operative treatment.

Hookworm enters the body through the skin, the embryos may also enter the body through the water and food. The infection leaves the body in the feces. To eradicate hookworm all drinking water should be boiled; the hands should be washed before eating; shoes should be worn and none should go barefooted; proper toilet facilities should be provided, and people should not be allowed to scatter fecal matter around; mines should be disinfected with chloride of lime. A campaign of education is needed.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

DRAINAGE BY RECTUM IN PURULENT APPENDICITIS

By John J. Reycraft, M.D.

The many things that might be said about the operation I am going to pass over and proceed to the problem, what to do on receiving a case which comes to you already full of pus. My experience is—and it has been quite large—that in all cases of pus the appendix should be sought for, and if it comes within the matter of three or four days from the onset of the disease, the appendix should be removed. The bugaboo about breaking down the natural barrier should be forgotten, because a bad appendix containing a stercolith remaining in an abdomen is a constant incentive to the formation of pus, a veritable pyogenic focus for weeks if allowed to remain.

Several times, however, in my experience I have considered it advisable not to persist, and that is when it is so walled that it is hard to break through, and the barrier tissue cannot be attacked with the bluntness of the end of my finger. I believe it is best to allow these to remain until nature is given a chance to absorb the mass surrounding the pus formation if it is not increasing in volume.

The matter of drainage comes next, and when I see a surgeon carefully repairing a wall, layer after layer, around the drainage, I think of how I do it myself by leaving a vent, caring little for after results of protrusions if only my patient recovers. The slight hernial condition can be more readily and safely corrected at a later date, and if only we can lessen the danger of demise we have accomplished much.

The only thing, in my judgment, to make a drain from is a piece of tubing unsplit and not too small, and if possible in an abdomen of free pus in a female the drainage should be made through the vagina. Even infants can have a curved cissors carried through the vagina till it comes to the cul-de-sac against fingers placed on the inner side and an opening made in which you can put a dressing forceps and pull through a tube.

The one who believes that intra-abdominal pressure will drive pus against gravity surely errs, and if we can drain with an under-drain and gain the assistance of gravity together with intra-abdominal pressure, we are getting much better results. In a female this works all right.

Now we come to the drainage in the male, which is really the cause of my writing this paper. I make an opening through the bowel of the male and drain him through the rectum with almost as equally good results as I do by making a colpotomy on the female. If one wished to do it, he could trocar males with pus in the abdomen and draw off great quantities of fluids and not get into any operation further. But, desirous of removing the appendix and getting more out than aspiration will grant, I open the abdomen, remove the appendix; then if the pus is free in and around the rectum I usually get a small pointed dressing forceps, and guided by fingers inside of the abdomen, go through the rectum without puncturing the bladder; then thread in my tube through the abdominal opening, fasten it into the dressing forceps, and pull it through the rectal opening out beyond the sphincter ani. The part that remains in the abdomen contains several holes. I allow it to remain away up about McBurney's point, buried amongst the *débris*, and sew up the abdominal opening completely; so the intra-

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abdominal pressure is greater. Pus will come this way which you cannot possibly get to rise through a tube on to the surface of the abdomen. The amount of pus that remains in the rectum around the tube never has seemed to me to have occasioned the amount of absorption that some would apprehend. Anyhow, of two evils, it is better to choose the least.

If your conscience should prick you about allowing some pus to exude into the rectum and there remain behind the sphincter, an additional piece of tubing could be placed through the rectum, reaching up to the neighborhood of the rectal puncture and held in place by a bit of silk through the sphincter and through the tube. I have used this method and it has succeeded.

Just the other day—and the boy is not completely well yet—I had a case of purulent appendicitis in which there was a great sea of fluids, mostly serum, which I drained by mak ing a stab wound superpubically, inserting a large tube. The boy did well for a week, became sore and much distressed. Manipulation showed that the abscess had formed down and about the rectum, as there I found fluctation. The stab wound was still open and drainage in place, but a trocar revealed through the rectum eight ounces of pus, which I drew off with the trocar when I was advised by a very skillful surgeon not to tamper with it that way, but to go in above. The lower route proved beneficial and my patient lives.

Petoskey, Mich.

SOME THOUGHTS ON THE DIAGNOSIS OF DISEASES OF THE STOMACH

By F. L. Jackson, M.D.

In studying this class of diseases it is often difficult to determine just what the trouble may be. The patient may complain of the stomach being distended with gas, and the most natural thing to do would be to give him some bicarbonate of soda, charcoal tablets or some other simple remedy to relieve the condition. But there may be an insufficiency of pepsin, hydrochloric acid or some other secretions of the stomach, in which case the food might either remain in the stomach and sooner or later be decomposed into various gases or pass into the intestine in an undigested condition, and, the secretions from the liver, pancreas and other abdominal organs not being able to act upon it properly, it would be still further decomposed by the bacteria common to the intestinal canal into a great variety of noxious gases, which process, if allowed to continue, might sooner or later result in auto-intoxication.

There may be atony, prolapse or dilatation of the stomach. In this condition the food usually remains in the stomach for a time until the stomach rebels, when it is usually vomited in large quantities. If the patient complains of pressure, we may suspect some functional disturbance, perhaps pressure from some other organ.

When pain is the principal symptom, however, we usually look for something more serious. In such cases we should inquire regarding the nature of the pain, the time at which it appears after eating, or if it is only occasional, every few weeks (locomotor ataxia). While pain in the stomach is not characteristic of any particular disease, much information may be gathered from the time at which it appears, the nature of the pain, the way in which it radiates through the abdomen, etc. Pain that comes on soon after eating and is diffused over the area of the stomach denotes gastritis; if it comes on from one-half to one hour after eating, and is sharp, cutting in character, we may look for ulcer of the pylorus; while pain that comes on from one to two hours after eating is usually the result of intestinal indigestion. "Pain felt in the epigastric region between the xyphoid process and the navel may be referred to the stomach, pancreas or may be of nervous origin, having no anatomical lesion. Pain at the tenth right costal cartilage indicates trouble in the gall bladder. When it is felt in the region of the navel, it may be referred to the small intestines, while pain in the large intestines is usually localized on either side of the abdomen" (Morawitz, "Clinische Diagnostic der innere Krankmeiten"). It is quite necessary that one should be able to differentiate between pain in the external structures of the abdomen and pain in the inter-

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nal organs. Pain in the external structures of the abdomen is more lateral, diffused over the abdomen, while pain in the internal organs is localized, radiating back toward certain portions of the spine. The following table from the same author may be of some diagnostic value in localizing internal pain:

Internal Organs	Vertebræ
Heart	3d, 4th cervical; 2d to 10th dorsal
Lungs	2d and 3d cervical; 3d to 9th dorsal
Stomach	4th cervical; 7th, 8th, 9th dorsal
Intestines	9th, 10th, 11th, 12th dorsal.
Rectum	2d, 3d, 4th sacral.
Liver	3d, 4th cervical; 7th, 8th, 9th, 10th dorsal
Gall-bladder	8th, 9th dorsal
Kidneys and ureters	10th, 11th, 12th dorsal; 1st lumbar
Bladder, mucous membrane and neck	2d, 3d, 4th sacral
Prostate gland	10th, 11th, 12th dorsal; 1st, 2d, 3d sacral
Ovaries	10th dorsal
Uterus, contraction of	10th, 11th, 12th dorsal; 1st lumbar
Uterus, cervix of	2d, 3d, 4th sacral

When the patient involuntarily makes pressure on the region of the stomach to relieve pain, we may be quite sure that the pain is caused or at least increased by pressure of some other organ. Pain that is increased by pressure is usually of organic origin, probably ulcer of the stomach. In such cases, though, at first the pain may be somewhat distributed, it soon becomes localized, usually in the epigastric region, and radiates back toward the spinal column. Pain resulting from gallstones is felt at the tenth right costal cartilage and radiates back under the right shoulder blade. While pain of renal colic follows the course of the ureters, radiating into the groin and even down the thighs.

Vomiting

Magendie thought that vomiting was due to pressure of the abdomen, which is entirely independent of the stomach. As you may know, he replaces this viscus with a pig's bladder and caused the expulsion of its contents by injecting tartar emetic into the blood. Since that time it has been shown to be due to a complex process requiring the combined action of a number of the abdominal organs.

Vomiting, like hunger, is a reflex action and may be the result of an irritation of the stomach or other origin. In cancer of the stomach the vomited matter may vary from a bright red to a brownish color or even black. When the physician first sees the patient, the disease has usually advanced to that stage that the vomited matter has assumed a brownish color (coffee grounds), which may be easily distinguished from the bright red, acid blood of ulcer. Vomiting resulting from gastric troubles is preceded by more or less nausea and retching, which may even amount to trismus. This may aid in differentiating it from reflex vomiting, which, as a rule, is not preceded by such manifestations. Indeed, in certain cerebral diseases the contents of the stomach may be expelled without any warning whatever.

Morning sickness common to the first months of pregnancy may simulate vomiting of gastritis, and is often mistaken for grave gastric disorders. In such cases, the kind of food taken into the stomach or even warm water does not aggravate the condition the same as it might in gastritis. In hysterical or nervous vomiting, like that of cerebral origin, the nausea and retching are reduced to a minimum. It may occur after every meal or only occasionally. All foods may be expelled or it may be restricted to certain dishes. In such cases, the nervous, hysterical condition usually renders the diagnosis easy.

Westbrook, Me.

RAYNAUD'S DISEASE

Proskauer reports a case of Raynaud's disease in a child of 3, the favorable course of which showed that the disease in children does not necessarily offer a bad prognosis. A hot foot bath, although it was somewhat painful, had an immediate salutary effect. There were, however, four recurrences during the course of two weeks, all of which yielded to the hot foot bath but to nothing else.—*Deut. Med. Woch.*

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HOLDING THE BREATH—ILL HEALTH

By John C. Warbrick, M.D.

Some persons, as is only natural, are capable of holding their breath much longer than others, but this would seem to depend a good deal upon how their lungs have been used and developed. The length of time that one can retain a full deep inspiration of air in the lungs would seem to be according as to how their breathing has been carried on. A man with well-developed lungs can hold his breath much longer than one who has not used his lungs very much for proper breathing.

A large number of people have paid little or no attention to the matter of respiration or of how to breathe properly, upon which the life and health of the body depends. Good breathing properly used tends to promote the functioning of the body and to help keep it healthy, for it may be said the lungs are the organs of vitality for the body and act as reservoirs for the interchange of the gases of the body.

Constantly using the lungs to breathe fresh air as long as they are not overdistended tends to improve the tissue oxidation of the body and to strengthen it. To sustain life we must breathe in the oxygen of the air and get rid of the carbonic acid gas from the body.

The capacity of the lungs for breathing air depends a great deal upon their size and expansion, and of how much air space is being used. The lungs of individuals vary in size and capacity according to use and age of the person. The lungs of some may be long and narrow, some long and broad, while the lungs of others may be short and broad; so that the capacity may vary also according to strength and development of the organs of breathing.

Some persons use their lungs very little for proper breathing; in fact, with many only a small part of the air space is exercised for breathing; so that the vitality of the tissues may easily become impaired. The upper part of the lungs may be used very little in many cases; so that the tissues are prone to disease on account of the lack of a good supply of oxygen from time to time. A great many people hardly use their lungs at all; and on very slight exertion their breathing becomes short, and fatigue overcomes them quickly.

No one in developing the strength or capacity of the breathing organs should allow the chest to reach its full expansion in any case or at any period of life, because then it cannot expand any farther and breathing is made more difficult. Doing this makes a person much more liable to certain diseases, such as pneumonia, tuberculosis and bronchial trouble, for the reason it is difficult for the lungs to contract and expand.

Where the lungs have been fully developed little or no space is left for the expansion and contraction of the vital organs; hence the body must suffer sooner or later.

Some people have an idea that to get a large well-developed chest developed to its full capacity is a sign of strength. It may be a sign of weakness instead of strength, for it is the lungs well used for good breathing in a chest not fully developed that indicates strength and which adds vitality to the body. It is not an overdeveloped chest nor an underdeveloped one that is of great value, but one that is well developed and kept under the range of full expansion for mobility in breathing.

Various kinds of instruments have been made to test the strength of the lungs and also indicate their capacity in each individual. These instruments are graded from 0 to 400; so that by taking a deep breath and blowing into it through a tube the strength of the lungs is registered fairly accurately.

In order to find out the amount of expansion of the lungs in various individuals and how long each one could hold a deep breath of inspired air I took a number of persons of different ages and timed carefully each one by the watch to see how long the breath could be held in each instance. This included both men and women, but one child is also recorded. All of these patients had not been in very good health, but had undergone treatment for some bodily state. Not one of them was a good specimen of physical health and strength, while hardly one of them had a good chest for breathing, and it was found that hardly one could hold a deep inspiration of air very long. Of course, by practice from time to time

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the breath can be held much longer, while it can be held much longer on an empty stomach than on a full one. Of the 9 patients tested, only 1 could hold the breath any length of time, but that not very long. This patient was a girl, and she held her breath about 35 seconds.

The patients, their ages and how long each held a deep inspiration is as follows:

W. G. W., a professor, 45 years, held his breath ..... 20 seconds
G. H. J., a soldier, 61 years, held his breath only ..... 15 seconds
G. D., a girl, 25 years, held her breath ..... 15 seconds
J. H. L., student, 42 years, held his breath ..... 20 seconds
M. K., girl, teacher, 25 years, held her breath ..... 35 seconds
A. T., a farmer, 55 years, held his breath ..... 20 seconds
W. S., a clerk, 45 years, held his breath ..... 30 seconds
I. T., a girl at school, 12 years, held her breath ..... 20 seconds
Mrs. J., a wife, 30 years, held her breath ..... 20 seconds

From this it will be seen that a young girl held her breath longer than a strong, able-bodied man and as long as another one, while two other girls older did the same thing.

A strong, healthy, active man was found, and he was tested a number of times, the result being that he could hold his breath all the way from one minute up to two minutes and five seconds, quite a difference in length of time to the above tests.

Ill Health and Recreation

Any man who is either too stingy or too lazy to take a holiday after many years of the same every-day wear, grind and monotony, in order to give his fatigued mind, jaded nerves, and undertoned rebellious stomach and worn-out body, a complete rest and change, deserves to have given him the extreme penalty of the law by old Judge Nature, viz., death.

The saying is often heard: "The whole family has stomach trouble, certain members having already died of some form of it, while the rest will very likely go the same way, unless they are careful."

Now, what does this mean? Is it not that the body is at a low degree of vitality, more so the nervous system?

That the stomach is no longer able to digest its food, or perform its functions properly along with malassimilation of food, loss in weight, irregularity of the bowels, loss of energy and a continued tired feeling?

Anyone who permits himself to sink into a rut month after month, and makes no effor to get out of it, loses much ground, both mentally and physically, while his vision becomes contracted and he is then dominated by his surroundings and habits.

Possibly nothing is worse for a person than to have a disordered stomach, along with a constipated condition of the bowels.

Such a state can easily change the course of a person's thoughts and deflect them into other channels, vitiate the entire system, and in time lead to serious conditions.

It is said, "As a man thinketh, so he is." On an empty stomach a man will feel and think differently to that when the organ is full.

It is said that, "Those who think the most digest the worst." This condition can readily be understood to be about true when it is known that the stomach is easily affected by much thinking or any worry, so that in time it does not perform its functions properly. As is natural, recourse is then had by whipping it along by the use of various tonics or stimulants, urging it to go a little further, until a cog slips in the wheel and the machinery suddenly stops.

Chicago, Ill.

One of the most difficult distinctions to be made in diagnosis and in treatment is the separation of purely functional disorders from those due entirely to or to a greater or less extent dependent upon organic injury to the nervous system.—Payne and Jelliffe, *Jour. Nerv. and Mental Dis.*

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INTERNAL HEMORRHOIDS, THEIR SYMPTOMS AND DIAGNOSIS

By Charles J. Drueck, M.D.,

Professor of Rectal Surgery, Post Graduate Medical School and Hospital, Rectal Surgeon to Peoples Hospital, Chicago, Ill.

Hemorrhoids sometimes exist for years without causing any symptoms whatever. Again, they may be troublesome from the beginning. The symptoms vary with different patients, and also at different times in the same individual. When they become inflamed or ulcerated they cau e great pain and distress and set up more reflex nervous symptoms than does any other disease. They remain quiet for a long time and then without apparent cause become inflamed. When they are of large size, they produce a sensation of fullness or distention of the rectum, as if some foreign substance were present. During defecation the tumor is forced into the grasp of the sphincter, when tenesmus is set up, and also a feeling of nausea and sickness. Sometimes the tenesmus is agonizing and its daily repetition exhausts the patient. After each bowel movement he must replace the hemorrhoid. and in doing so is likely to induce a spasm of the sphincter. If the hemorrhoid is allowed to remain in the grasp of the sphincter it becomes strangulated and eventually gangrenous, whereupon it sloughs off. Thus nature attempts to cure the trouble. Sometimes the slough or the surface beneath it becomes infected, and then pyemia, with perhaps a fatal termination, is the outcome, or an abscess forms, and a fistula is the sequel.

If strangulation and sloughing do not occur, the sphincter gradually relaxes and the piles are forced out by coughing, sneezing, stooping or even when walking or standing, and then remain out altogether. An acrid, irritating mucous discharge oozes from the anus, owing to the chronic proctitis, and keeps the perineum moist and often excoriated, thus favoring the growth of warty excrescences. This condition occurs most frequently in the aged, and here sometimes the discharge may saturate the clothing. The anal sphincter frequently is very much relaxed, thus permitting of an almost constant prolapse. Of course, inflammation and thrombosis, with suppuration, may occur without there being strangulation. Talka found ulceration or fistula in nearly one-half of his cases of hemorrhoids. If the hemorrhoids remain prolapsed for any time, the surrounding anal wall becomes inflamed and edematous, and this swelling further interferes with reducing the piles.

Bleeding in some degree is a symptom of all internal hemorrhoids. It may be slight, a mere streaking of the passages, or profuse enough to cause fainting. Frequently hemorrhage follows each movement of the bowels for a while and then ceases for several days or weeks, only to recur again just when the patient thinks he is cured. This constant loss of blood produces an anemia very suggestive of malignant disease. Prolapse of the tumor always favors bleeding. In women, a hemorrhagic flux replaces menstruation In apoplectic subjects or those having atheroma this periodical loss of blood lessens the tension of the bloodvessels and thereby diminishes the tendency to rupture of the cerebral vessels. In these persons the prudent surgeon avoids removing this outlet.

In old hemorrhoids which have long protruded the mucous membrane covering becomes tough and leathery, and hemorrhage, which was formerly profuse and frequent, may now cease. Anal fissures frequently complicate hemorrhoids and seriously add to the suffering. Because of the bleeding or protrusion occurring with defecation patients defer the evacuations, thus adding constipation, straining and anal traumatism to their troubles.

Hemorrhoids of any variety are prone to exacerbations of inflammation. They are very liable to ulcerate or slough or an abscess may form beneath them. When the tumor is swollen or strangulated and actively inflamed, the sphincter alternately contracts and relaxes, causing excruciating pain, which lasts until the hemorrhoid sloughs off, is operated upon or relieved by local remedies.

Diagnosis

The diagnosis of internal hemorrhoids is quite easy, but the differentiation of the variety is perhaps more difficult. Hemorrhage is the chief symptom, and it may be either venous or arterial in any variety The patient's description

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will be something like this: During defecation and perhaps before the bowels have completely moved a more or less severe hemorrhage occurred, which lasted for some time after he had finished his toilet; the blood came in spurts and was bright red; a dizzy feeling came on and he became clammy and pallid; there was little or no pain and no pile protruded.

This being the history, the patient's rectum should be thoroughly examined with a speculum, in a good light The hemorrhoid may be small and elude digital examination, a- it is soft and velvety but with the use of a speculum it can easily be found, because the stretching of the gut usually starts the hemorrhage afresh, and, if it is a capillary hemorrhoid, it will bubble or spurt.

Another patient may say that, after the bowels move, he has to retain his seat because the blood continues to drop for several minutes and otherwise would soil his clothes. Here, the hemorrhage is less severe, because the connective tissue growth becomes subject of a plastic infiltration, forming a thick covering that can be torn only by such a force as is but occasionally applied. The rectum feels as though it were only partly emptied, and so the individual strains in trying to expel "something". Usually, on palpation, he finds the hemorrhoid in the grasp of the sphincter, and unless it is replaced the tenesmus continues for hours. This is a venous hemorrhoid.

The capillary hemorrhoid is soft, spongy or granular and easily yields or tears on pressure; hence, hemorrhage results from even a slight injury. Therefore, the small capillary hemorrhoid is a source of great danger from loss of blood, while the large, well-formed venous hemorrhoid is not so dangerous. The venous hemorrhoid, when of large size, will protrude; so that if the patient assures us that there is no protrusion, we may suspect internal hemorrhoids, and possibly of the capillary variety.

Digital examination is unreliable in diagnosing internal hemorrhoids because even good-sized tumors cannot be detected after they have been returned to the rectum, unless pedunculated. Inspection assists only if they protrude. Let the patient retire to a lavatory and strain a little, trying to force out a hemorrhoid. If this fails or is not convenient, then dilate the sphincter with a bivalve speculum, when the pile will fall in between the blades. If the tumors are low in the rectum, they may be readily seen by inserting one blade of a Sims speculum.

Other symptoms of internal hemorrhoids are vague and uncertain, as they occur in other rectal troubles also and may arise from remote causes. Pain in the thigh or back, sensations of heat or burning in the rectum, and frequent micturition, all are too unreliable to be considered indicative of any particular disease.

Differential Diagnosis

If a careful physical examination is made of our patient the differential diagnosis of hemorrhoids is easy.

Protrusion from the anus other than hemorrhoids may be cancer, polypus or prolapse of the rectum.

Cancer of the anus is ulcerated, painful to the touch, bleeds easily and freely, has a foul odor and is surrounded by an indurated base.

A prolapse is globular in shape, has a well-defined pedicle and is pale in color.

Prolapse of the rectal wall usually involves the whole circumference of the bowel, is bright red in color, not purple, presents a slit-like opening and usually occurs in children.

30 N. Michigan Avenue.

GRIP

By E. P. Cuthbert, M.D.

This has been a beautiful day. Children have been playing out and sitting down on cement steps to cool off, and older people have gone without proper clothing, leaving their overcoats and other wraps off, and, on the whole, it should mean quite a number of colds for us to treat within the next few days. Some we will term as "grip," or if we wish to particularly scare the person we may say "flu." Therefore it may not come amiss for me to mention a few of the remedies I use in these colds or "grip," as I generally call them. Aconite 3X or gelsemium 1X will usually break it up if taken early enough. I mean by that before the patient really is sure

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he has it, or about the time he is sure he is getting it. People living in the country whom I will not go to see generally take my advice and have one or both of these remedies on hand, and, on the first intimation that they are taking cold, I instruct them to take a dose every half-hour for six doses, then six doses an hour apart, and then six doses two hours apart if it is not broken up before that time. If that does not break it up, as it usually does, it has a good hold and requires treatment of the individual symptoms. I will name a few of the remedies I use and give indications briefly, naming them in the order I use them, as to frequency.

Gelsemium, 1X: Chills, aching in back and limbs, dizzy, headache. Early.

Belladonna, 3X: Chills, red face, sore throat, throbbing headache, cough as from dust or down in throat.

Arsenicum alb., 3X: Sneezing, thin discharge, irritating nostrils; lacrymation, also irritating. Burning in nose and throat. Thirst for small quantity of cold water. (If burning is very severe arsenicum iodide 3X may be better.)

Allum cepa 3X: If sneezing and thin discharge, which is less irritating than above.

Aconite, 3X: High fever, hot dry skin, dry racking cough with stitches in chest, restlessness. Early.

Bryonia alb., 3X: Dry hard cough, worse in evening and morning. Causes patient to sit up in bed and hold sides (on account of the jarring). Head feels as though it would burst. Thirst for large quantities of water. In fact, everything about bryonia is "dry." Pain inside with each breath.

Euphrasia, 3X: Is another excellent remedy which I am only learning to use. With what experience I have had with it, I feel that I have missed a great deal by not learning to use it many years ago. With this remedy there is the sneezing and profuse running at the nose, which is bland. Scalding tears and aversion to light.

These are the remedies I have found most useful in my experience covering over a quarter of a century. Other physicians will think of other remedies which they prefer and I hope they will write and mention them and their indications in the next issue of MEDICAL SUMMARY. Several physicians have told me that they could not get results from gelsemium. They had used it in the thirtieth dilution. My experience has been that 3X was as high as I could use this truly wonderful remedy and get results. There are other remedies of course which will not give results below the thirtieth.

Titusville Pa.

THE PRESENT STATUS OF ELECTROLYSIS IN THE CURE OF URETHRAL STRICTURE

By C. A. BRYCE, A.M., M.D.

Since the publication to the profession of the claims made for the great value of electrolysis in the permanent cure of organic urethral stricture by Dr. Robert Newman, of New York, myself and a few other workers in this field, sufficient time has elapsed to enable us to speak with confidence concerning its established merits today. Like all other innovations, electrolysis was met with much coolness by the profession, many declaring it wrong in principle and wrong in practice, though most of them spoke on the subject ahead of any actual experience with this method.

The advocates of this method, of course, had many difficulties and failures to contend with, but each difficulty carried its own lesson, and thus gradually corrected itself. One of our first errors was to try to do too much at one visit, and to do that too rapidly with currents altogether too strong. In this manner we generally added to the good work done a certain degree of unnecessary inflammation, which retarded much of the real progress of the case. The final outcome of deliberate and intelligent treatment of urethral stricture by gentle and prolonged applications of the galvanic current has been such that today we can say with full confidence, through clinical experience, that electrolysis can be depended upon to cure permanently any case of organic stricture wherever it may be reached with electrodes. It is important that the practitioner should understand just what the current must do to make this process a success. He should know that we are not attempting to dilate nor cauterize, but that

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all is to be accomplished by just enough gentle current to induce practically a physiological absorption of the inflammatory deposits that have become organic stricture. His effort must be to induce the tissues to separate into their elementary atoms and pass to the respective poles short of producing any kind of local irritation, certainly not inflammation. The current should be measured in milliamperes, and not guessed at by the number of cells, weak or strong as the case may be.

It should be entirely unnecessary to tell the operator that the two poles of a battery have entirely different chemical properties, and that on no account should the positive electrode ever be put into the urethra for the purpose of inducing electrolysis. The negative pole or electrode attracts hydrogen and the alkaline constituents of the blood to itself, and is non-caustic and painless under the properly regulated current.

After ascertaining the caliber of the stricture at its narrowest portion we select an electrode one size larger and pass it down to the point of arrest, and then gradually add current until 2 or more milliamperes are being used. Do not attempt to shove the instrument on into the bladder, but simply keep it gently held against the stricture, and as decomposition proceeds you will feel the instrument traveling under the weight of your finger into the bladder, or if the stricture is a long one it will pass until it meets another narrow point, will work that, and go on again. This séance should not be repeated under a week or ten days, and in many instances it is better to wait longer before again applying the current, for you will frequently find that much absorption has taken place and a sound passed into the bladder will show a larger caliber than the size of the last electrode used.

This fact demonstrates that the good work of absorption continues long after the use of the current.

I do not treat as many cases today as formerly with the current, but I cure more cases. I explain this fact by stating that unless a man will agree to take time enough for me to treat him properly and stick to his treatment so that I can cure him, I will not advise this method, for nothing but failure will follow faulty and hasty work, and no method offers such safe and certain cures as that by electrolysis in proper hands.

516 N. 10th St., Richmond, Va.

TREATMENT OF RHEUMATISM

By Eli G. Jones, M.D.

Several years ago I read in a medical journal about a doctor out in Michigan. He made the statement that, "When he saw a case of rheumatism coming to his office, he got his shotgun and persuaded the would-be patient to pass by on the other side."

If there is anything more than another that will try a doctor's soul, it is an old stubborn case of rheumatism that has been the rounds of all the doctors. And yet this rheumatism is "still doing business at the same old stand." In our works on materia medica there are fifty or more remedies said to be "good for this disease," but all this is no earthly use to the busy doctor unless he has a definite indication for the use of each remedy. A good physician should always be able to give an intelligent reason for everything he does and for every remedy he gives, then he *is* a good physician and a *good* prescriber.

From my "book of experience" I will give the reader some remedies that are curative in rheumatism and the indications for them.

The eclectics prescribe cimicifuga for this disease more frequently than any other remedy. When the above remedy is indicated the pulse is slow and irregular, the tongue pointed, and trembling, the pain is of a heavy, aching, tensive character. In acute rheumatism and inflammatory rheumatism I have been in the habit of prescribing:

℞ Tr. gelsemium..... gtts. v
Tr. cimicifuga..... gtts. xx
Aqua..... ℥ iv
M. Sig.—A teaspoonful every hour.

A good liniment to rub out the rheumatism, especially in chronic cases, is:

℞ Gum camphor..... ℥ j
Oil wormwood..... ℥ j
Alcohol..... ℥ viij
M. Sig.—Rub well into the affected part three times a day.

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Rhus tox. is said to be a cure for rheumatism. So it is when it is indicated. When a patient complains of soreness, lameness, stiffness and pain, on first moving after rest, or getting up in the morning, but relieved by continual motion, then rhus tox. is the remedy called for. You know how it is with a lame horse after you drive him a few miles and he gets "limbered up", he travels much better. So it is with certain forms of rheumatism, after the patient moves around and gets "limbered up" he feels better, and it is a strong indication for rhus tox. Put 10 drops of the tr. rhus tox. in half a glass of water. Give a teasponful every hour.

If you have a case of rheumatism where there is a tendency to edema, even slight puffiness of the skin, or a peculiar blanched glistening appearance, tr. apocynum can. will be the remedy indicated—10 drops in half a glass of water. A teaspoonful every three hours.

When the patient screams out when touched on the affected part, limbs weak, stiff, and feverish, pains shift from place to place, worse at night, colchicum is the remedy and the best form to give it in is colchicum (Merck). Make a solution, 1 grain to the ounce. Give 10 drops every three hours. Some 80 cases were treated with the above remedy with the following results: Relief of pain within twenty-four hours; within forty-eight hours the patient is generally comfortable. Swelling, pain and perspiration much diminished. In three or four days the disease is under control.

If you have a patient that drinks large quantities of water at long intervals, pains, stitching, knife-like pains, with sour perspiration, worse from motion and at night, then tr. bryonia is the remedy needed. Add 10 drops to half a glass of water. Give 1 teaspoonful every hour.

At one time cascara was heralded as a *cure* for rheumatism, but because the authors did not know the indication for the use of the remedy it became obsolete.

The above remedy is indicated when there is a broad, flabby tongue and foul breath, headache and constipation with the rheumatism:

℞ Tr. cascara..... ℥ ij
Glycerin..... ℥ ij
M. Sig.—One teaspoonful every three hours.

You may have a patient with wandering rheumatism. It travels from one joint to another. The tongue *may* have a yellow, slimy coating. The above symptoms indicate kali sulph., 3d—x, three tablets every two hours. A patient may complain of nightly rheumatic pains, worse from warmth of bed, lightning-like pains from small of back to feet. The pain drives him out of bed. He must get up and sit up. The remedy indicated is kali mur., 3d—x, three tablets every two hours.

You may have a patient with stiffness and lameness in the shoulders and arms from getting cold. The remedy needed is tr. cimicifuga, 1st x, 5 drops, every hour.

The expressed juice of the lemon is indicated in certain forms of rheumatism, when the tongue is red and elongated. In such cases let the patient have all the lemonade he wants, for it is the indicated remedy.

You may have a patient with a broad, pallid tongue, pitting where it comes in contact with the teeth, covered with a white, pasty coating. The above kind of tongue indicates bicarbonate soda. Add enough of it to a glass of water to make a pleasant drink and let the patient drink freely of it because it is the indicated remedy.

You may meet with a case of rheumatism with pain in shoulders, arms and tips of fingers, yellowness, and coldness of fingers, blue finger nails. The flesh is sore to touch and sweating don't relieve the pains. The remedy needed is tr. chelidonium, 3d x, 5 drops every two hours.

A rheumatic pain in right arm, can't put the hand to the head, worse at night, calls for tr. sanguinaria, 1st x, 5 drops every three hours.

A rheumatic pain in left arm, that makes it feel weak, so patient wants to carry it or have it in a sling, calls for ferrum, 3d x, three tablets every three hours.

In those *very* stubborn cases of chronic rheumatism a "lime sweat" will do them lots of good. It beats any vapor bath. Take two lumps of fresh lime half the size of a man's fist. Wrap each piece of lime in a moist cloth. Cover this with a dry cloth, doubled several times and fastened securely. Place one on each side of his body while in bed. This will make the patient sweat copiously, from one to two

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hours. He will *forget* about his rheumatism and imagine he is over in Jersey in the "good old summer time".

Some patients are "walking barometers". They can tell by their "aches and pains" that there is a storm coming up. The pain is deep seated, of a drawing, tearing character. The above symptoms indicate tr. rhododendron, 20 drops in half a glass of water, teaspoonful every two hours.

Many stubborn cases of rheumatism have been cured by oil of gaultheria (a distilled oil from the green leaves). For an adult give 20 drops, repeat the dose in two hours. It should be given on sugar; the above remedy has made some fine cures in gastralgia and neuralgia.

In acute arthritis it is a good treatment to give ferri phos., 3d x, three tablets every two hours, in alternation with the natrium sulph., 6th x, three tablets every two hours. In the chronic cases give tr. urtica ureus, 5 drops three times a day. The more gravel the patient passes in the urine, the more likely you are to cure your patient. I would also give natrium sulph., 6th x, three tablets every two hours. It is the biochemical remedy for above disease.

For arthritis deformans in woman, the hand feels *stiff*, there is cutting pain in the fingers when they try to close the hand. It calls for tr. caulophyllum, 3d x, 10 drops every three hours.

I had a doctor write me from the West about a case that he had. A lady had stiffness of fingers of hand, with chalky formation on joints (urate soda), could not close her hand, had not been able to hold a pen in her hand for fifteen years. I advised ammonium phosphate, 3d x, three tablets every three hours, and comp. stillingia liniment (eclectic) rubbed well into the joints of the fingers three times a day. The above is the most powerful *relaxing* liniment we have. Under the above treatment she was able to hold a pen in her hand and write, something she had not been able to do for fifteen years. She had been treated by some of the best physicians in Europe and America but got no help from them.

For arthritis deformans the best treatment is causticum, 30th x, three tablets every three hours in alternation with ammonium phos., 3d x, three tablets every three hours.

If the reader will study the *indications* of the above remedies, it will put him wise to the definite treatment of rheumatism. Cold, damp weather is bad weather for this disease, and our doctors should be *prepared* to treat the disease successfully.

331 Main St., Buffalo, N. Y.

LACERATIONS OF THE CERVIX

Backache and bearing-down pain in the pelvis, leucorrhea, menorrhagia or metrorrhagai, and sterility or abortion are noted. *Diagnosis* is made on the symptoms and a physical examination. A digital examination causes pain, and shows the cervix to be enlarged, indurated, and with everted lips; the eversion can also be seen. *Treatment* depends on the extent of the laceration and the severity of the symptoms. Slight tears may be let alone. Severe cases require trachelorrhaphy, or else amputation of the cervix. Grave pelvic disorders such as pus, adhesions, malignancy, contraindicate operation. The general condition of the patient must be attended tn.

INTRAMUSCULAR INJECTIONS OF ETHER IN PERTUSSIS

Cheinisse gives a synthetic review of the labors in this field of Weill, Dufourt, Audrain and Castel, Renard, Deherripon, Dalche, Variot, Courcoux, and others. The consensus of favorable reports and opinions makes it almost certain that this resource surpasses anything heretofore tested for this malady. There are some differences of opinion, as when Dufourt asserts that the treatment is valueless after bronchopneumonia has complicated the pertussis, while Deherripon finds it completely suited to the complication of these conditions because the ether serves as a cardiac stimulant. As a coincidence a recent writer on bronchopneumonia in infants (Lasalle of Thonon), without reference to the cause in the individual case, recommends ether injections for the disease.—*Medical Record.*

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

IS IT NECESSARY TO REMOVE THE TONSILS?

EDITOR MEDICAL SUMMARY:

Yes; in rare cases it is. But they are rare; very rare indeed, I believe. I recall two cases which I have seen in the last dozen years where I believe it would have been advisable to remove them.

Where the tonsils are large and smooth calcarea iodide is the remedy, and where honeycombed baryta iodide is indicated. I have heard the theory advanced that removal of the tonsils retards the development of the sexual organs. I have seen cases where it may have been the case. I have also seen cases where the person never seemed as healthy after the removal of the tonsils as they were before.

Thirty years ago my preceptor told me that he had won a pair of gloves on a bet. A patient, a school teacher, had tonsillitis and quinsy frequently every winter. He told her that he could prevent it. She bet him a pair of gloves and he won. He said he gave her baryta carb., 3X, 1 tablet every three hours during October, and she did not have any tonsillitis or quinsy that winter. He charged me to never forget it. I did not and have verified the truthfulness of his statement many times.

E. P. CUTHBERT, M.D.

Titusville, Pa.

In strangury use a rectal suppository containing from ½ to 1½ grains of belladonna extract. Phenacetin and morphine may be needed also.

CHRONIC PHARYNGITIS

Chronic inflammation of the pharynx follows repeated acute attacks, prolonged irritation, long-continued overuse and improper use of the voice, chronic rhinitis, and digestive disturbances. It is common in hucksters, public speakers, singers, and smokers. It is more common in adults than in children; and the inhalation of dust and irritating gases may also induce the trouble. In the early stage the mucous membrane is in a state of chronic hyperemia; and is thick, swollen, and studded with distended follicles and enlarged lymphatic glandules which give to it a granular appearance. In the later stage the mucous membrane undergoes atrophic changes, and is anemic, glossy, and dry. As a result of these changes the voice is husky, and the throat is dry. Distress follows the use of the voice and there is a constant desire to clear the throat.

The underlying causes should be promptly removed. Tonics such as iron, quinine, strychnine, and cod-liver oil, together with plenty of fresh air, should be prescribed. Locally, Dobell's solution and similar antiseptic solutions should be used in the pharynx and nose. When the granules are present, astringent applications, such as zinc sulphate (gr. v to f ℥i) and silver nitrate (gr. x to xx to f ℥i), or the galvanocautery may be employed. A spray, consisting of menthol (gr. ii), eucalyptol (gr. i), and liquid vaseline will be productive of great relief. The condition may prove very resistant to treatment.

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

SUBINVOLUTION WITH DISPLACEMENT

In *subinvolution of the uterus complicated by retrodisplacement*, the following symptoms may be present: Backache, bearing down pains, a feeling of pressure in the pelvis, constipation, hemorrhoids, frequent or painful urination, leucorrhea, menstrual disturbances as dysmenorrhea or menorrhagia, sterility. There may also be general symptoms, as headache, indigestion, nausea, anorexia, neurasthenia, and general malaise. The treatment consists in first of all correcting such conditions as lacerated cervix or perineum, then in curettage, and replacing of the uterus and retaining it in position by pessaries or tampons, or some operative procedure such as ventral suspension of the uterus or shortening of the round ligaments.

Ventrosuspension: An incision is made through the abdominal wall in the median line just above the symphysis publis and extending upward for a distance of two inches. The index and middle fingers of the left hand are passed into the peritoneal cavity and gently inserted between the uterus and the rectum. The adhesions are then carefully separated and the fundus of the uterus lifted forward into its normal position. The peritoneum at the lower angle of the wound is seized with hemostatic forceps and drawn into the incision and the first suspension suture introduced close to its divided edge on the left side. The index and middle fingers of the left hand are then passed into the abdominal cavity and the uterus securely held while the suture is passed through the fundus. The suture is now introduced into the fundus directly on a line dividing the uterus transversely into two equal halves and buried one-quarter of an inch deep in the uterine tissue with a distance of about half an inch between the points of entrance and exit. The uterus is then released by the fingers of the left hand and the suture passed through the peritoneum opposite to its point of entrance. The second suture is now passed through the peritoneum on the left side one-quarter of an inch above the first suture. It is then passed through the fundus about one-quarter of an inch behind the first suture, and finally through the peritoneum opposite to its point of entrance. It is not necessary to hold the fundus between the fingers while the second suture is introduced, as the uterus can be easily controlled by making traction upon the free ends of the first suture. After both sutures have been introduced their free ends are seized with forceps and placed on each side of the abdominal incision. The through-and-through sutures closing the abdominal incision are introduced and suspension sutures tied. The first three sutures closing the incision at the lower angle of the wound must be introduced so as to pass completely under the peritoneum at its points of attachment with the fundus, otherwise the weight of the uterus will cause stripping and a large dead space will result which will eventually become filled with serum or blood and suppurate. After all of the incision sutures are introduced the suspension sutures are drawn taut so as to take out the slack and bring the fundus of the uterus up against the peritoneum. The sutures are then tied and their free ends cut off close to the knots. The abdomen is closed and the wound dressed in the usual manner. The fascia is first united with a continuous suture of catgut and the wound then closed by tying the through-and-through sutures. The sutures in the lower angle of the wound are tied first, and special care must be taken to remove the slack and bring the peritoneum, at its points of attachment with the fundus, snugly against the abdominal wall.

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TREATMENT OF FRACTURE OF THE RIBS

Strips of plaster reaching from the spine to the sternum should be placed over the injured side during deep expiration. The strips should overlap, and a bandage should be put on over the plaster. If the fracture is due to direct violence, no strapping should be used, but the patient kept still by placing sand bags on either side. Ribs always unite readily.

Fracture of the ribs complicated with visceral injury is highly dangerous, and requires confinement to bed. The treatment is that of the visceral injury. If there be bloody expectoration, apply adhesive strips as above indicated, put the patient to bed reclining on a bed-rest, keep him quiet, subdue the circulation, and employ opium, diaphoretics, and expectorants (a good mixture consists of squill ipecac, ammonium acetate, and chloroform; opium is given separately). Inflammations of the lung or the pleura, fortunately, are apt to be localized, and are treated as are ordinary inflammations of these parts. If signs of pulmonary injury are severe from the start or become worse under medical treatment, incise, resect a rib, arrest hemorrhage, and drain the pleura. In laceration of an intercostal artery incise and try to ligate; if unable to ligate, resect a rib and apply a ligature. If the signs point to internal bleeding, resect a rib, search for the bleeding point, and ligate. Emphysema usually soon disappears; but if it does not, make many small incisions in the cellular tissue, dress antiseptically, and employ pressure. When there arises a sudden attack of dyspnea, which is prone to happen in these cases, and in which the face becomes blue, the heart labors, and suffocation seems imminent, bleed the patient almost to syncope. —Da Costa's *Modern Surgery*.

FRACTURE OF THE THIGH

In *compound fracture of the thigh* the edges of the wound are cleaned, bleeding is stopped, dead tags of flesh or bone are removed, and the fracture reduced. Care must be taken to preserve the normal line of the leg and thigh; the anterior superior spine, the inner edge of the patella and the great toe must be in a straight line. Extension by weight and pulley will be required. The limb is cleansed and shaved, and a broad strip of adhesive strapping is applied to each side, extending from two inches above the knee to an inch or two above the malleoli. "Large pads of wool should be introduced between the malleoli and the sides of the strapping, to prevent the skin over these processes becoming chafed. A cord is fixed to the stirrup and passes over a pulley at the end of the bed, and is there secured to a tin can which is filled with shot up to the required weight. If now the foot of the bed is raised on blocks, extension and counterextension are obtained, the patient's body acting as a counterextending weight. When the fracture has been manipulated into a good position under an anesthetic (it is always necessary to control the fracture with some splints before the anesthetic is given), the extension apparatus is applied, and Liston's splint is bandaged to the limb.

A proper splint of this kind should extend from the axilla to below the foot, and it is secured to the patient in three places: (1) round the thorax, (2) round the limb at seat of fracture, and (3) to the leg and ankle. In securing the thorax it is necessary to take the first turn of the bandage round the splint from within outward and then round the back of the patient's thorax, the direction of the bandage in this way preventing the natural tendency of the splint to rotate forward. Several turns should be taken round the thorax in order to retain it in position. The remaining bandages should be secured from without inward, in order to check the tendency of the foot and leg to roll outward. In order to prevent the rotation of the limb a method devised by Cheyne and Burghard may be adopted. This consists in securing the limb at the level of the popliteal space to a short splint, 8 by 4 inches, by means of a plaster of Paris bandage. The presence of this splint effectually prevents any rotation, either inward or outward. Special care must be taken to see that the malleoli and the skin over the heel are not subjected to any great pressure. If the fracture is put up in this way it must be kept

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up for six to eight weeks, and the amount of weight applied to the limb must be varied according to the age of the patient and the tendency to deformity. Roughly, half a pound a year will be found to answer most purposes, but if there is much spasm the amount can be increased up to 20 pounds. At the end of six weeks, during which period the limb should have been regularly massaged—this can usually be done without disturbing the extension—the patient should be got up, and some form of retentive apparatus applied. A Thomas' splint is a very valuable form of apparatus, since it enables the patient to get about, and allows of active movements being undertaken, while he himself can hobble about on crutches. If such treatment is not considered advisable, he should be kept in splints for eight weeks, and then allowed to lie in bed without any apparatus on at all, while the limb is regularly massaged, and he should be encouraged to get up for a short time on crutches, gradually exercising the limb, until at the end of about ten weeks he is walking on it as before. Some surgeons advise immediate operation, and cut down on to the fractured bone and, after reduction, fix the fragments by two or three Lane's plates. If gangrene results from injury to the popliteal vessels, amputation may be necessary.

ACUTE INTESTINAL OBSTRUCTION

Symptoms: Sudden severe pain referred to the umbilicus comes on, perhaps, after an effort. Shock, evidenced by a weak pulse, a cold, clammy skin, and a subnormal temperature, accompanies the pain. The pain, intermittent at first, becomes continuous. Vomiting is persistent, and soon becomes fecal smelling. The patient becomes exhausted by the vomiting and inability to take food. The abdomen becomes distended, and if the obstruction is not relieved, perforative peritonitis follows, so that the patient dies in about seven to ten days from the onset. Constipation is usually absolute, though the lower bowel may empty itself at first.

Treatment: The only thing that can give the patient the chance he ought to have is immediate operation. It is advisable to wash out the stomach before the operation, so that intestinal contents may not be vomited and inhaled during the operation. Three objects are aimed at: (1) To empty the distended bowel above the obstruction; (2) to relieve the obstruction; (3) to treat the strangulated intestine. In cases that are almost moribund, the abdomen should be opened with cocaine or eucaine anesthesia; a distended coil is pulled out and tapped, a Paul's tube being subsequently tied in. The peritoneal cavity is protected with gauze packing during these manipulations. The bowel is stitched to the abdominal wound after the feces and flatus have drained away. No attempt at relief of the obstruction can be made in these cases till a later date, and, of course, a high death-rate must be expected.

In less severe cases the abdomen should be opened in the midline below the umbilicus, and a systematic search made for the cause of the obstruction. The hernial orifices are first examined, then the cecum. If the cecum is distended, the obstruction lies below it; if collapsed, above it. In the former case the sigmoid should next be examined. If collapsed, the colon must then be traced backwards till the obstruction is found. If the cecum is collapsed, the intestine must be pulled out a foot at a time and examined, beginning with the ileum, and replacing it as each part is done with. If the intestine is much distended, several coils may be tapped and emptied, to facilitate the search.

URTICARIA

Symptoms.—The eruption appears suddenly, manifesting itself as firm, circumscribed, whitish or pinkish elevations with a reddish areola. The wheals last from a few minutes to several hours, disappear, and are succeeded by others. They are asymmetric, though usually bilateral, pea-sized or bean-sized, and irregular in shape, often, however, being linear. They may involve any portion of the cutaneous surface, or even the mucous membranes. The itching

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in urticaria is intense, the relief produced by scratching being purchased at the cost of the excitation of new lesions. The skin is markedly sensitive to all sorts of irritation, and responds by the production of wheals. In some urticarial subjects a word may be inscribed upon the skin with a pointed instrument, and in a few minutes the letters will stand out in wheals as if embossed.

Treatment.—In severe acute cases seen early an emetic should be administered to get rid of the offending substance. Later, magnesium sulphate is to be employed until free catharsis is produced. In subacute cases salol or phenacetin, in 5 to 10-grain doses after meals, may be used with good results. In chronic cases most earnest efforts should be directed toward the discovery of the cause. The patient's dietary must be the subject of the most careful study. Every detail of occupation, of mode of living, and of habits must be scrutinized. The most careful examination, however, will sometimes fail to disclose any discoverable cause. Most cases will be found to be due to gastrointestinal disturbances. In such the most simple diet should be prescribed. In obstinate cases one will do well to restrict the patient for a few weeks to a milk diet. In obscure cases some of the following remedies may be tried: atropin by mouth or hypodermically, antipyrin or phenacetin, quinine in full doses, sulphurous acid in dram doses, long-continued course of arsenic in small doses, bromid of potassium, pilocarpin, etc. Local treatment is necessary to give relief from the harassing itching. The best antipruritic lotions are: Phenol, 1 to 3 drams to the pint; menthol, 5 to 15 grains to the ounce; liquor carbonis detergens, 2 to 3 drams to 8 ounces of water; saturated solution of benzoic acid; alkaline baths (¼ of a pound of washing soda to 20 gallons of water), etc.

Cause: The great majority of cases of actue urticaria are produced through the alimentary tract. Substances taken into the stomach may cause urticaria, either by a mechanic irritation of the stomach or bowel or by producing a toxemia. Intestinal parasites and undigested aliment act by mechanic irritation. The substances capable of producing toxemia are almost numberless. They may be primarily toxic, or may only develop their toxicity through putrefactive changes while in the bowel. Again, a large number of substances, both foods and drugs, perfectly innocuous to the ordinary individual, act, on account of idiosyncrasy, as poisons to others. The following articles of food are particularly apt to produce hives: lobsters, crabs, mussels, cheese, sausage, pork, nuts, strawberries, etc. The following drugs are prone to produce urticarial eruptions: quinine, copaiba, cubebs, salicylic acid, morphine, turpentine, chloral, etc.

Symptoms: The onset may be accompanied with febrile reaction. The most decided symptom is pain with tenderness along the course of the nerve-trunk and its peripheral distribution, of a burning, tingling, tearing, intense character, increased by pressure or motion. If the affected nerve be a mixed one—sensory and motor—spasmodic contractions and muscular cramps occur, followed by impaired motion, terminating in paresis of the muscles innervated by the affected trunk. The sense of touch and of pain are markedly impaired, while the temperature and muscular sense are but slightly disturbed.

If the inflammation proceed to destruction of the nerve-trunk, wasting and degeneration of the muscular tissue ensue. Various trophic changes also occur, such as cutaneous eruptions and clubbing of the nails. The electro-contractility is impaired or lost.

Treatment: The affected part should be placed at rest. Repeated blistering along the course of the nerve, preferably with the Paquelin cautery, together with the administration of full doses of potassium iodide is usually successful in relieving the condition. Sedative lotions will also serve to lessen the pain. Sodium salicylate, phenacetin, and antifebrin may be of value at times, but in severe cases morphine hypodermically is necessary. In syphilitic cases, the iodides are indicated, and in those due to exposure to cold and wet and rheumatism, the salicylates and alkalies are of great value. In all cases quinine sulphate, gr. ii to v, every four hours, should be employed from the onset. As the acute symptoms subside, galvanism or a feeble, slowly interrupted faradic current should be used to restore the functional activity of the affected nerve and the muscles to which it is distributed. Potassium iodide and strychnine during this period are also of value.

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ACUTE NEPHRITIS

Symptoms.—At first chilliness, pain in the back, vomiting, and pain over the brows; the temperature is raised (but may never be high); and the characteristic edema rapidly appears, at first in the eyelids, cheeks, and ankles, and later it may become general. The pulse is usually quick and of high tension from the beginning. The urine is voided frequently, but is scanty in quantity, and indeed may be suppressed for a time. It is dark from the presence of blood, exhibits the well-known smoky hue, and generally gives a copious deposit of urates, blood discs, granular debris, epithelial and hyaline casts, and blood casts, and a large amount of albumin. Though the urine is of high specific gravity, the total amount of urea passed daily is much decreased. Dropsy may be very slight, or may go on to anasarca; there may be dangerous dropsy of the serous sacs, edema of the base of the lung or of the glottis. Anemia is marked. The bowels become constipated, the tongue dry, and there is great thirst. Hypertrophy of the heart is seldom marked in acute cases, although acute dilatation of the heart may occur. If improvement does not quickly take place, grave dangers arise from the development of uremia; and intense headache, convulsions, and coma usher in a fatal termination. Most cases, however, with care, recover; others pass into the subacute stage or large white kidney.

Treatment.—Absolute rest in bed, the patient being laid between blankets, dry cupping followed by hot poultices over the loins, a free saline purge, diluents, such as bitartrate of potassium ℥i, syrup of lemon ℥iss, water ℥xx, and a non-nitrogenous diet, form the routine treatment. The diet should, if possible, be of milk only. Remember that nitrogenous extractives are highly irritating to an inflamed kidney, hence the necessity of diminishing the quantity of proteids taken and of withholding such preparations as beef tea. Acetate of potash and nitrous ether with hyoscyamus form a useful mixture, as we have at once a diuretic, a dilator of the peripheral arterioles, and a sedat ve to the u inary tract. But if there is excessive renal congestion causing marked diminution or suppression of urine, diuretics should not be given till the congestion is relieved by cupping, hot air baths, or leeching, and it mayeven be advisable to allownothing but sips of water for the first few days. During the convalescence the anemia should be treated by iron.

ABDOMINAL PAIN IN DISEASES OF THE KIDNEY AND URETER

Arthur B. Cecil bases this paper on a critical review of 300 cases in which a complete urologic investigation has been carried out on the upper urinary tract. The study was undertaken for the purpose of determining the frequency of occurrence and distribution of abdominal pain in association with diseases of the kidney and ureter. The cases are classified under twelve main groups: stone in the kidney or ureter, renal tuberculosis, pyelonephritis, hydronephrosis, tumor of the kidney, polycystic kidney, nephroptosis, pyonephritis, chronic nehritis, congenital malformations of the kidney, cystitis, and a miscellaneous group comprising cases of essential hematuria, cases which were studied for differential diagnosis, various rare conditions, and those in which the findings were negative. The review of these cases shows that the most practical conclusions as to the distribution of abdominal pain in diseases of the kidney and ureter can be best arrived at by a study of those diseases which are most constantly characterized by pain, namely, stone and hydronephrosis. In the group of cases of stone in the kidney or ureter the distribution of the pain was purely abdominal in 28 per cent., and in 20 per cent. it was so misleading as to lead to abdominal operations. The figures from the tables on hydronephrosis are even more striking. Excluding the six cases of hydronephrosis which are associated with stone, it is noted that abdominal operations had been performed in 30 per cent. of the remaining cases, for the relief of pain which was subsequently demonstrated to have been of renal origin. The symptomatology of hydronephrosis is often obscure and misleading, and it is in this group of cases that the urine is so often practically normal. It is ob-

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viously impracticable to carry out urologic examinations as a routine. There are, however, certain well defined indications, and while abdominal pain is not one of them, it is by no means a contraindication, and becomes a definite indication when the urine shows abnormalities. In obscure cases of abdominal pain, pyelographic studies should be more frequently made. The writer concludes that emergency of operations in obscure abdominal pain does not depend on severity of the pain alone. Some of the severest types of abdominal pain have as their origin diseases of the kidney and ureter.—*Jour. Amer. Med. Asso.*

THE ENDOCRINES IN GYNECOLOGY

William P. Graves discusses the relationship of the endocrines to the specific neuroses of patients suffering from pelvic disease, and to the histogenesis and function of the internal secreting cells of the ovary. The more one studies the so-called nervousness of women, the more one is impressed with the possibility that the purely nervous mechanism of the body is of secondary importance. It is quite credible that the nerves are only the keys or instruments which are played upon by more dominant agents in the form of the endocrine glands. Whether women may be said to be peculiarly nervous or peculiarly endocrinous, the gynecologist undoubtedly accomplishes more accurate results if he estimates his nervous patients from an endocrinological rather than from a purely neurological viewpoint. Among other points with reference to the ovary as a gland of internal secretion the writer emphasized the following: Dysfunctions of the ovaries are usually attended with various neuroses. Some of these may be due to the direct disharmonious action of other endocrines, especially those that have an affinity for the autonomic nervous system. In evaluating these neuroses one must also take into account those neurotic habits which are the result of a sense of physical inferiority, and characterized as a continued endocrinous emotional state. From an organotherapeutic viewpoint the ovary must be regarded as primarily a homogenous gland, the essential secreting structure being the interstitial cells. Variations in secretions of different parts of the gland are probably differences of degree rather than of kind. A selective action of the secretion from different parts of the gland is not yet proved and if it exists is probably quantitative. All ovarian preparations exert a specific influence on hot flushes. In this respect the residue is the most intensive, but the difference in efficacy of the various preparations depends to some extent on the idiosyncrasy of the patient. In the treatment of menstrual irregularities ovarian extracts exhibit an undoubted specific action, but this action in inconstant. In temporary functional amenorrhea, delayed menses, dribbling before and after catamenia, and small clotting, ovarian therapy is fairly reliable, and is at least the best asset the gynecologist at present possesses for these symptoms. For the permanent amenorrheas, especially those associated with pluriglandular disturbances, ovarian therapy has little or no effect on restoring the menstrual function, but is of undoubted value in improving the patient's general health. In certain types of dysmenorrhea ovarian feeding is efficacious, occasionally brilliantly so, but is unreliable and often disappointing after giving early promise. In severe types of dysmenorrhea it is of comparatively little help. For menorrhagia and metorrhagia ovarian therapy is not indicated.—*N. Y. Med. Jour.*

SCARLET FEVER

The principal features of the onset are vomiting, rheumatic pains, soreness of throat, high fever, and headache. In infants, convulsions are not uncommon. Soon the throat becomes very sore, the neck feels stiff, and the glands at the angle of the jaw are swollen. On the first or second day the rash comes out, first on the chest, then rapidly spreads over the face, body, and extremities. Its appearance may be delayed for a day or two. As the fever progresses, the throat symptoms become more severe; the tonsils approach the middle line, and yellowish points appear. These may coalesce and form a "patch" resembling that

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of diphtheria. The *tongue* is at first covered with thick white fur, with papillæ projecting—*i. e.*, the white "strawberry" tongue; later, the fur peels off, leaving the typical red "strawberry" or "raspberry" appearance. There may be ordinary febrile albuminuria, even when there is no nephritis. The diazo-reaction may be present.

The treatment is that of infectious fevers in general, and in addition:

1. *Serum treatment.*—Serum from convalescents, injected in doses up to 20 c.c., has sometimes proved successful. Good results have also been obtained with polyvalent antistreptococcic sera (*i. e.*, sera prepared from several different strains of cocci).

2. The danger of spreading the disease is greatest during the desquamative period. Isolation must therefore be kept up for at least six weeks from the onset, or till all desquamation and discharges (nasal, aural, etc.) have ceased.

3. A minimum amount of nitrogenous food, to avoid irritation of the kidneys. This caution does not affect milk, which may be freely used.

4. Daily toilet, tepid sponging, or tepid baths.

5. Inunction of oily antiseptic preparations into the skin, to prevent dissemination of the desquamating scales.

6. Examine the urine daily for signs of nephritis.

7. The condition of the ears must be carefully watched.

ERYSIPELAS

Symptoms.—Malaise with rigor and headache. Rash appears within twenty-four hours; it appears first around the wound, which breaks open; it is of a vivid red color, which fades on pressure. Pain and swelling are not much marked. The eyelids and scrotum when affected become very edematous. Vesicles and bullæ form superficially, and a fine desquamation occurs, with some staining of the skin as the rash fades away. The margin is well marked, rather gyrate, slightly swollen, rapidly advancing. Sloughing of the skin rarely occurs, and then usually in cases of scrotal affection. Lymphatic glands in the neighborhood are enlarged and tender. Extension may occur by the lymphatics or veins to the deep structures, or pyemia may be set up. Constitutionally, the patient is very ill, with high temperature—102° to 104° F. Delirium is frequent, especially when the scalp is affected. Vomiting is common.

Treatment: Prophylaxis.—Secure the asepsis of all wounds. All cases should be isolated to prevent the infection of others.

Local.—In most cases all that is necessary is to apply lead, or lead and opium lotion. This has no curative action, but it relieves the stiffness and burning. Other applications, such as ichthyol, are used, but do not hasten the termination of the process. A form of treatment which aims at getting ready a supply of phagocytes at a distance of 2 inches from the spreading margin is the most promising. The skin is irritated by free scarification, and the tissues then become infiltrated with leucocytes, which are ready to attack the cocci when they spread in this region. The part is kept covered with carbolic fomentations (1 in 40).

General.—Good food and stimulants. The bowels should be kept acting by magnesium sulphate, and 2 to 4 grains of quinine with 15 minims of the tincture of perchloride of iron are generally given every four hours. Antistreptococcic serum sometimes is very useful, either injected or given by the rectum. The treatment of cellulocutaneous erysipelas is that of cellulitis.

In any emergency where it is deemed advisable to use injections of camphor oil one should be su e that olive oil, or at least a vegetable oil, and not paraffin oil, is used as the solvent. Hook and Wander have reported six cases in which tumors appeared several months after injections of camphor oil. The tumors appeared generally on the arms, but occasionally on the shoulders, thighs and breasts. They were doughy or concrete-like infiltrations, varying from the size of a walnut to that of an orange. They are of the same character and presumably from the same cause as the paraffinomas observed some years ago.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

FUNCTIONAL NERVE DISEASE. An Epitome of War Experience for the Practitioner. Edited by H. Crichton Miller, M.A., M.D., formerly Medical Officer in charge Functional Cases, No. 21 General Hospital, Alexandria, etc. Published by Oxford University Press, 35 W. 32d St., New York. Price, $4.50.

This is a very scholarly little volume on the subject, and shows great perspicacity in the study of these very obstruse problems. Psychoneuroses, no doubt, are purely functional in their manifestations, but there unquestionably is a pathological condition somewhere. Many are searching for it in the ductless glands. The chapters are written by a number of eminent specialists, who have made every effort to get at the basic facts, and have succeeded in presenting a splendid, instructive, valuable book.

STUDIES IN NEUROLOGY. By Henry Head' M.D., F.R.S. In conjunction with W. H. R' Rivers, M.D., F.R.S.; Gordon Holmes, M.D.' C.M.G.; James Sherren, F.R.C.S.; Theodore Thompson, M.D., and George Riddoch, M.D. In two volumes; 862 pages, illustrated. Published by Oxford University Press, 35 W. 32d Street, New York. Price, $17.

In these two volumes the author presents much new and excellent work in neurology. Subjects of especial value are: Methods of Examining Sensation, The Afferent Nervous System, Consequences of Injury to the Peripheral Nerves, Recovery of Sensation after Division of the Nerves of the Head, Nerve Supply of the Forearm, Injuries to the Brachial Plexus, Loss of Sensation in the Arm from Division of Posterior Nerve Roots, Nerve Supply of the Lower Limb, Deep Sensibility, Sensations of Heat and Cold, Sensibility of the Hairs, Paralysis, Atrophy, A Human Experiment in Nerve Division, Comparison of Injuries of Spinal Cord and Peripheral Nerves, Afferent Impulses in the Spinal Cord, Local Effects of an Intramedullary Lesion, Afferent Segmentation within the Spinal Cord, Afferent Impulses concerned with the Spacial Aspects of Sensation, Reflex Conditions in Gross Injuries of the Spinal Cord, Sensory Disturbances from Cerebral Lesions, Optic Thalamus, Cerebral Cortex, Sensation and the Cerebral Cortex, etc. These two large volumes give a great deal of information on the subjects and should prove of much value and interest to the profession.

COMMON INFECTIONS OF THE KIDNEYS WITH THE COLON BACILLUS AND ALLIED BACTERIA. Based on a Course of Lectures Delivered at the London Hospital. By Frank Kidd, M.B., B.C., (Cantab.), F.R.C.S., Eng., Surgeon to London Hospital, etc. With a Lecture on Bacteriology of the Urine by Dr. Philip Panton, Clinical Pathologist to London Hospital. 351 pages, illustrated in black and colors. Published by Oxford University Press, 35 W. 32d St., New York City.

The author attempts two things: Under "Practice" to give a dogmatic clinical picture of certain common diseases, with clear-cut lines of treatment designed to help the clinical practitioner. Under "Theory" to draw deductions from a series of observed facts and to bring forward and illustrate certain general principles of medicine, such as the prevention of certain principles of medicine and the conception of intermittent bacterial blood invasion. Dr. Kidd presents many interesting cases showing the gravity of various infections. Ascending infection from a bladder produced a gangrenous kidney; an abnormal renal artery caused hydronephrosis; many other serious conditions are described. Pyelitis is a serious and frequent condition and requires our best efforts to combat. The author presents a splendid study of his subject, which will well repay study by the practitioner.

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CLINICAL OPHTHALMOLOGY FOR THE GENERAL PRACTITIONER. By A. Maitland Ramsay, M.D., Fellow of Royal Faculty of Physicians and Surgeons, Glasgow; Lecturer on Ophthalmology, University of Glasgow, etc. 500 pages, 20 plates with numerous figures on each. Published by Oxford University Press, 35 W. 32d St., New York City.

Diseases of the eye are more or less unknown to the general practitioner, who always—and wisely—sends such cases to an ophthalmologist whenever possible. Some practitioners, however, are so situated that there is no ophthalmologist handy. These men must needs handle eye cases themselves. To do so they must have some knowledge of the subject. Dr. Ramsay had this thought in mind in preparing this book, which is intended to provide a knowledge of the subject for the general practitioner. The object aimed at by the author has been admirably achieved. Any general practitioner could make excellent use of this book. Eyes that need treatment need proper treatment. Wrong treatment adds insult to injury. An injured eye that is going to be saved is saved by the first treatment given it. On that depends, to a very large extent, the ultimate fate of the eye. We recommend the general practitioner to prepare to treat these cases right if he cannot send them to an ophthalmologist.

A TEXTBOOK OF PHARMACOLOGY AND MEDICAL TREATMENT FOR NURSES. By J. M. Fortescue-Brickdale, M.A., M.D. (Oxon.), M.R.C.P., Clinical Lecturer in the University of Bristol, Eng., etc. 405 pages, illustrated in black and colors. Published by Oxford University Press, 35 W. 32d St., New York City.

The author explains to nurses the principles of medical treatment and the main methods by which they are applied to practice, so that they the better understand the procedures undertaken by the physician. The first section is devoted to pharmacology, in which an attempt is made to convey in simple and general terms the known facts as to the action of various drugs on the human body. The philosophy concerned therewith is fully stated. On the subject of the practical treatment of disease the author teaches the nurse the objects of treatment. This will enable the nurse to be a great help to the physician in the sick room.

TROPICAL OPHTHALMOLOGY. By Robert Henry Elliot, M.D., B.S. (Lond.), Sc.D. (Ed.), F.R.C.S. (Eng.), Lieut.-Col. I. M. S., late Supt. Government Ophthalmic Hospital, Madras, etc. 525 pages, 7 plates, 117 other illustrations. Published by Oxford University Press, 35 W. 32d St., New York City.

The diseases of the eye as found in India are very interesting to all ophthalmologists. Very unusual conditions exist there that we do not see in the United States. Our ophthalmologists will want to learn of them. The author gives an excellent description and splendid illustrations of the conditions. We who have seen severe and extreme conditions of chronic eye maladies have much to learn from this book, which shows and tells of more extreme cases than we ever dreamed of. The attitude of the natives toward the white doctors and other local conditions are included. The effects of strong light, dust, insects, parasites, etc., are described. The Indian conching operation for cataract is described. Some general diseases of the tropics are included. It is a very practical and useful book.

THE NEWER METHODS OF BLOOD AND URINE CHEMISTRY. By R. H. B. Gradwohl, M.D., Director of the Gradwohl Laboratories, Chicago and St. Louis; Director of the Pasteur Institute of St. Louis; and A. J. Blaivas. Second ed., 417 pages, 4 colored plates, and 75 other illustrations. Published by C. V. Mosby Co., St. Louis, Mo. Price, $

The increased interest in this work by the profession has necessitated the preparation of a second edition in which newer facts and improved technic have been incorporated. Each subdivision has been taken up and thoroughly explained. Those who do this laboratory work and those who want to do it or know what is being done will find this book useful. It also enables its reader to know what the laboratory can do for the general practitioner in aiding his diagnosis.

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Summary Gleanings

Disordered function does not necessarily imply disordered structure, but if the condition continues long enough it may do so.

McCarrison says that the endocrine organs are profoundly influenced by dietetic defects. All of these organs except the adrenal glands and the pituitary body undergo more or less atrophy and depreciation of functional capacity as a result of dietetic deficiencies. The adrenal glands and in males the pituitary body, enlarge in consequence of dietetic defects. The adrenalin content of the enlarged adrenals is increased when the food is deficient in vitamines and protein and disproportionately rich in starch. The adrenalin content is diminished with a scorbutic diet, and when concurrent affections are associated with dietetic defects.

Salol has a calming effect on the bladder and is a mild intestinal antiseptic.

There is at least some therapeutic evidence to support the theory that acute edema of the lungs is not due to a gross defect in the action of the heart but to the reflex effect of a pathologic stimulus acting through the vegetative nervous system in a vagotonic individual, according to Cameron Davidson (*Br. Med. Jr.*). It has also been suggested that acute edema of the lungs is a vegetative syndrome indicating an endocrine disorder—suprarenal deficiency.

Rapid heart action due to psychical causes; sometimes diagnosed as "functional nervous disease".

Symptoms and signs are not produced by destroyed tissue, but are the expressions of the mode of activity of what is left of the living organism. Positive symptoms cannot be attributed to a negative lesion.—HEYLLINGS JACKSON, "Functional Nerve Diseases."

The claim that acute edema of the lungs may be due to suprarenal deficiency is not borne out by the results of experiments reported by McCarrison, who found that when the adrenalin content of the enlarged adrenal gland was high edema occurred in 86 per cent. of cases but when the adrenalin content was low edema did not occur.

Irritative lesions of spinal nerve roots of syphilitic origin are a cause of pain referred to the trunk and limbs in young men.—RIDDOCH, "Functional Nerve Disease."

Caffeine is the best drug in suppression of urine. It may be given hypodermically, 2 grains of caffeine sodiosalicylate every two hours. Strong coffee may be given by rectum. Copious warm enemas may also be used. Cupping of the loins may be successful (Kidd).

A method of treatment for absorbing boils and carbuncles has been suggested by Pacieri which theoretically seems to promise results. A small hypodermic syringe is filled with a ten per cent. solution of tincture of iodine, and the needle is driven into the center of the boil midway between the apex and base, and half to three-quarters of the fluid injected according to the severity of the case. The idea is that the iodine arrests the development of staphyococci.

It is stated that before the war there were 4,000 doctors in Petrograd, but at the present time there are only about 800. Most of the others have died of starvation, overwork and epidemic diseases. Now they are regarded as government employees with a monthly salary of from 4,000 to 6,000 roubles and double rations. They are allowed a half pound of bread a day and one public meal consisting of soup and horse flesh. Most of their traveling is done on foot.

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FEBRUARY, 1921

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XLII
R. H. ANDREWS, M.D., Editor & Proprietor
2321 PARK AVE., PHILADELPHIA, PA.
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Vol. XLIII Philadelphia, April, 1921 No. 2

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2321 Park Avenue Philadelphia, Pa.

Entered as second-class matter March 31, 1890, at the postoffice at Philadelphia, Pa., under the Act of March 3, 1879.

MAKING GOOD

The general practitioner has a big undertaking on his hands in endeavoring to handle all the differing cases and types of diseases that come into his care. To do this he is kept constantly busy reading and studying to keep himself fully acquainted with the best means of diagnosis and treatment. He seizes every opportunity to learn. Books, journals, society meetings, post-graduate instruction are all useful. Not only does he read the books and journals, but he takes time to think over what he has read and fixes it in his mind so that it is available for use in an emergency.

The medical society meetings are available sources of instruction. Our teachers and other leading physicians are usually glad to read a paper on any desired topic before a medical society and are willing to travel long distances to do so. Many more would be willing to go outside the large cities than are asked. If you want some one to come to your society and read a paper, don't hesitate to ask him. Many are awaiting opportunities to address medical societies.

As medical art progresses the entire profession must advance with it. Such is your aim and mine. By keeping everlastingly at it you succeed. Much—though not all—medical progress is made in hospitals and laboratories. It behooves the profession elsewhere to keep acquainted with the advances thus made and apply them to their practice, their patients, their environment. The hospitals are necessarily best equipped for surgery, but where a hospital cannot be had for an emergency, the doctor should be prepared to perform the operation in the home of the patient, wherever that may be. Let the obstacles be what they may, let the house be insanitary, let the assistance be unskilled, the doctor can show his training, his ability, his readiness, his adaptability, his fitness by handling the situation like a leader of men and performing the operation under the most adverse conditions and without any plaudits from bystanders.

That is the triumph of the general practitioner. Unheralded, without applauding spectators, unappreciated even by the patient and the family as so often happens, he makes good. Much of his good work is unnoticed.

Sometimes we read of a surgeon who balks

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The MEDICAL SUMMARY

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

DR. R. H. ANDREWS' EST., Publishers, 2321 Park Ave., Phila., Pa.

Vol. XLIII Philadelphia, March, 1921 No. 1

SUBSCRIPTION RATES. $1.50 per year, or three years for $4.00 in advance, in the United States and its possessions; also the same in Mexico. In all other countries $1.75 per year. Single copies, 15 cents. These rates are due in advance.

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"THE MEDICAL SUMMARY"
2321 Park Avenue Philadelphia, Pa.

Entered at Philadelphia Postoffice as second-class matter.

R. H. ANDREWS, M.D.

Dr. Andrews was born in a Mennonite community near Dublin, Bucks Co., Pa., January 20, 1850. He was a son of Aaron Andrews and Barbara High Andrews. From this community he acquired the moral and religious principles, ideals and gifts of character that enabled him to make a success of life in a number of its activities as a medical practitioner, the editor and publisher of a successful newspaper, and the last—his lifework, THE MEDICAL SUMMARY.

THE SUMMARY is still in a flourishing and prosperous existence, as well as the newspaper, which, of course, early passed into other hands. These facts, more than a lengthy, eulogistic notice, will reveal perforce the real and true qualities of the man. They disclose principles, too, that will realize success to all who possess them, since they are the basic principles of true character. Dr. Andrews was a graduate of the University of Pennsylvania of the class of 1874, having devoted the greater part of his previous life to preparing himself for the profession he had chosen to follow, and which he honored. He attended the Kutztown State Normal School preparatory to taking up the profession of teaching, devoting the spare time to his medical studies.

After all is said, how frequently it is the case that those who find and overcome obstacles in their pathway, and brush aside the thorns and briers lining its sides, are the signally successful ones in any line of action they may lay hold of as their lifework.

The stream of life has been flowing steadily since creation, and the beauty and glory of it is that in its golden current evil is destroyed and the good alone survives to bless each succeeding generation. Dr. Andrews added his tributes to this stream, and they shall live on to benefit the world for many. many years not yet unrolled.

MARCH

Dr. Andrews looked forward to the month of March with a justifiable pride as the month in which THE SUMMARY was instituted; and in later times the elation of success achieved gave added zest to this spirit, owing to the realization that he had accomplished a task the undertaking of which was predicted a failure by his medical friends and associates.

The month of March begets the pleasing

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anticipation of spring and imparts also the buoyant spirit of expectation that expresses itself in many lines of action in human activities; and no doubt the basal thought is evoked by the fact of seeing that nature is throwing off its hibernating lethargy by some mysterious but gladsome power that has been an inspiration to the observant through all ages. To this cheering spirit of anticipation there was added to the emotions of the editor of THE SUMMARY a pardonable feeling of exultation as it is the month that begins a new yearly volume of the journal on which he bestowed his time and labor for over forty long and fruitful years, and was still contemplating what increasing good could be infused into the volume that now opens to make it of the g eatest value to thousands of readers. What these purposes may have meant to THE SUMMARY no one will know. Before they could be tried or realized he passed away to nis final reward.

March is essentially the month of youthful, care-free cheer and vigor; but to those who are in the shadows of the eventide of life there come the gentle emotions of melancholy that lead to sober contemplation and meditation upon the new life that is foreshadowed and typified in its own way by these forces that are now manifesting themselves in the operations of nature. The spiritual forces open the gateway to another life; the aspiration of old age to all who feel that their work has been finished.

DEAR MADAM:

I was very grieved to hear of the death of Dr. R. H. Andrews as I had always thought a great deal of the MEDICAL SUMMARY and admired the good work he was doing through the magazine. I desire to extend my sympathy to you, your daughter and the family in your great loss.

With kind regards,

Sincerely yours,

MY DEAR MISS ANDREWS:

I have just read with deep sorrow of the death of your dear father, and my sincere friend, Dr. R. H. Andrews. There was no one in our profession that I esteemed more highly or loved more dearly than your father, and I feel that I have lost a friend that I cannot replace. All I can do is to send you and the family my sincere sympathy, and to tell you that my own heart is sharing your sorrow in his death. One comfort we have, and that is that his life in this world means eternal life, and gives us the hope that we shall be with him at last in joy forever.

May God bless and comfort you all is the prayer of

Your friend,

DEAR MADAM:

I was very sorry to learn of the death of Dr. R. H. Andrews. Although I have never met him, we have had so much correspondence that it seemed to me we really were old acquaintances.

You certainly have my sincerest sympathy.

You ladies have my very best wishes in your venture, and I certainly wish you every success, for we cannot get along without the MEDICAL SUMMARY. Anything I can do to aid will be done cheerfully if you will tell me what it is.

Very truly yours,

DOCTORS WANTED AND THE WAY IS BARRED

We saw in a Philadelphia newspaper recently that the town of Otis, Massachusetts, has no physician and offers to pay $500 per year out of the town's money to any physician who will locate there. The dispatch alluded to also states that there are seventy towns in the State of Massachusetts that have no doctor. And they are asking Harvard University to send them doctors.

In the Cumberland Valley in Pennsylvania there are thirteen towns without a physician, according to the latest information I have had. This large section of prosperous farming country, splendid towns and excellent citizens is without possibilities of medical attention.

Times certainly do change. Some years ago there were too many doctors. They were living close together and it was a difficult and tedious task of building up a profitable practice. To many this never occurred. Many of them merely made a living. In the larger places the deadbeats went from one doctor to another, paying none of them. But a new face in the doctor's office cheered him, relighted the warming fire

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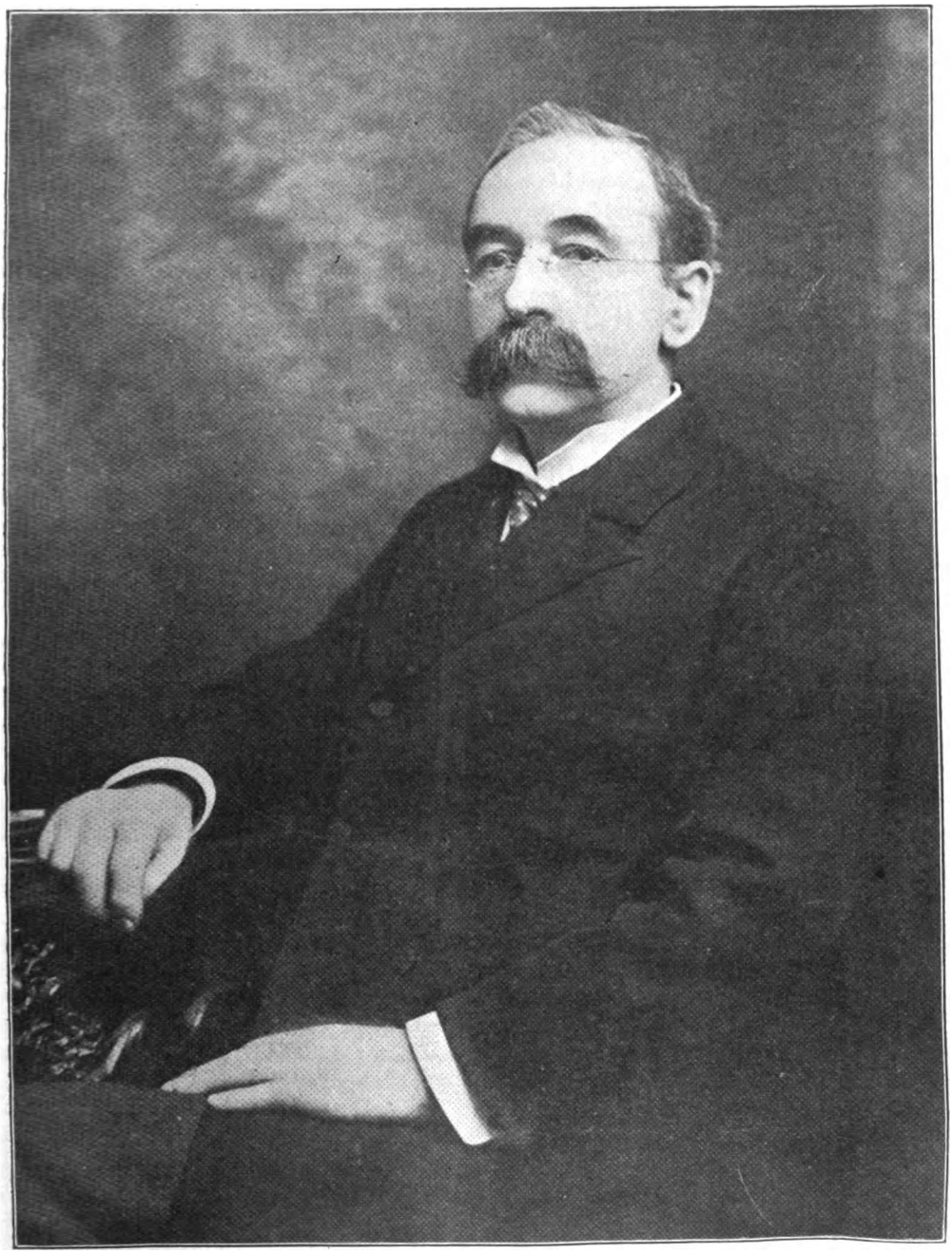

REUBEN HIGH ANDREWS, M. D.

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of hope that had all but died out, and gave him heart to pursue his labors. So the deadbeats were of some use.

With the doctors so thickly settled in the various places and treading on one another's heels, there is no wonder that disagreements, incivilities and antagonisms arose. A very general discussion of medical ethics in the medical press and medical societies, fortunately, has done away with much of this trouble. No longer does a doctor go into a sickroom, when called to succeed another physician in the care of the patient, and throw out of the window the bottles of medicine he finds there, or ask, as I know one did years ago, "What is all this drug store for?" He handles the situation more delicately and considerately for his predecessor, being guided by the golden rule, for you know "today it is him; tomorrow it may be you."

The profession has developed into a genuine fraternity and no longer permits fellow-physicians to be assailed behind their back. This is fortunate, indeed. There are exceptions, we are sorry to admit, but we hope soon to see the day when there will be no more such exceptions. Each man do his duty by his neighbor as he would wish to be done by.

Thus it is seen that conditions have improved for the medical profession. Doctors are now scarce and towns are bidding for their services. No doubt there still are towns with more doctors than they really need. The vacancies existing in doctorless towns should be quickly filled. There is no question of price to be charged. Find them out and make your selection. The smaller towns are better places in which to live than are the big cities.

A little discussion of the cause of the scarcity of physicians is opportune. It arose with the efforts to make medical education more thorough than it had been. Truly this is a laudable undertaking. But from the present-day viewpoint it was not properly done. A committee proceeded to investigate the medical schools and to classify them. The result was the suppression of a number of medical schools said to be inferior, and there is no doubt that some of them were. The success of the undertaking emboldened the American Medical Association, through its officials, to begin the systematic extermination of all schools whose aristocratic neighboring medical schools feared or wished to have suppressed. As a result, medical school after medical school was placed in a classification as inferior. The various state medical examining boards were willing tools and promptly refused recognition of the so-called inferior colleges. Men on medical examining boards with two years' medical school teaching refused recognition to men with four years' medical teaching. The absurdity of the situation they did not see or else ignored.

The examination of the medical colleges was made with the yardstick and not with gray matter. Quantity of brick or stone buildings, and not quality of teaching, was the standard set by the committee that "looked into" and classified the medical colleges. The fundamental fact that education depends upon the teacher, and not upon the building, was entirely ignored by the iconoclasts of medical teaching. Many of the leading medical men of this country were graduates of inconsequential medical colleges.

Now medical education is such a lengthy procedure to the student that it takes him eleven years to climb learning's hill,and he has then lived so long in the city that the little home town no longer has any charms for him. We are no longer training physicians for practicing in small towns and in the country. The colleges are teaching them, by example, not by precept, to be specialists and to stay in the cities. It will not be possible, under present medical teaching, to induce new graduates of medical colleges to locate in small towns, to say nothing of distinctly rural communities. The situation in the small towns is not going to get any better; instead, it is going to get worse, unless some change is made. The people of this country are now beginning to reap the harvest sown by the irresponsible education committee of our great medical association—and the harvest is death!

The unusually mild winter presages a season that will be favorable to the development of the house fly swarms which are such active agents in the spread of disease germs. The winter "hang-over" flies have already made their appearance in considerable numbers. Kill them as quickly as they appear.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

MALARIA IN ITS DIFFERENT FORMS

By Simon R. Klein, M.D., Ph.D.

Let us see about it. We are going to try to differentiate the malaria of the north, south, that of eastern and western hemisphere, that of human beings and animals, etc.

A question to which a good deal of attention has been directed is that of so-called intracorpuscular conjugation. Definition on this subject can be given out this way: By latent malarial infection is meant one in which the plasmodia of malaria may be demonstrated to be present in the blood of an individual, but in which no clinical symptoms of the disease of sufficient gravity to attract attention are to be observed. The term should not be confined to those instances in which no symptoms of malaria have ever been present, for if the parasites be present in the blood in recurrent cases, between the attacks, the disease is as truly latent as it may be before the initial one. By recurrence is meant the appearance of symptoms due to the *same* group of parasites that caused the original infection and not a reinfection by another group.

By intracorpuscular conjugation is meant the complete and permanent union of the protoplasm and nucleus of two young amebula within the erythrocyte. It is absolutely necessary to the maintenance of malarial infection in man, and in these instances in which it does not occur, the plasmodia undergo a sexual sporulation for a limited time and then perish, thus leading to spontaneous recovery. It is present most typically in those cases in which the clinical symptoms are most severe, and is present in all the varieties of malarial infection, although most easily observed in the estivo-autumnal infections.

The conclusions of so many excellent research workers on malaria are following (Craig, Balfour, Weichselbaum, Ludwig Reich of Budapest, Tauszk, Vas, Koranyi, *et al.*).

Intracorpuscular conjugation is the chief cause of the maintenance of malarial infection. It maintains malarial infection by producing a resting, or zygote, stage of the plasmodia within the human body which is resistant to quinine and other injurious influences. It is the cause of latency and recurrence of malarial infection, the zygote stage remaining dormant or "latent" until conditions are favorable, when it gives birth to several young plasmodia, thus causing a recurrence of the infection.

Dr. Cropper (*Journal of Tropical Medicine and Hygiene*) exhibited very interesting blood films from a fatal case of *pernicious malaria* which contained a phenomenal abundance of parasites in the peripheral circulation. It shows clumping of infected red cells, each containing a pigmented presegmenting body, suggesting a cause for the embolism or infarction of the different organs affected in pernicious attacks. It shows also very numerous unpigmented rings. Of 500 corpuscles counted at random, from *40 to 50* per cent. were *infected*, and in some fields more, so that in *one field* 100 parasites can be seen. Up to this time 20 parasites in a well-spread field was the most we ever had seen. All that kind of cases can occur only in the hot zoned countries mostly below the equator in Africa.

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I have about thirty-eight wonderful microscopical specimens from different malaria cases —sent to me as a compliment by the Welcome Laboratory in Khartoum, Egypt, and if any one of you readers of this paper should be in my neighborhood, I will be glad to demonstrate them to him. It is really worth while to inspect these brilliant specimens.

We here in the United States rarely have a chance to see cases of sporulating malignant parasites in the peripheral blood. Professor Cropper believes they must be commoner in some countries than in others. The case in question was from Palestine. As a rule, also, immature crescents are not seen in the peripheral circulation. Rosettes and sporulating forms in the white cells are usually seen in the large mononuclears, but Manson mentioned a case of a complete sporulating form in a *polymorphonuclear leucocyte*. One may mention here the excellent "Blood Atlas" of Meyer and Rieder (Leipzig, Germany), which contains brilliant plates of the three types of malarial parasites and shows forms not usually seen in illustrations. These authors hold that it is possible to distinguish the young gametes in the red blood corpuscles. Special attention is directed to a ring form of gamete which only occurs in pernicious malaria.

As regards benign tertian gametes, the young forms are recognized by the absence or relative insignificance of the nutrition vacuole, the older forms by their size, the compactness of their form (the protoplasm almost *never* showing amoeboid prolongations) and their undivided nuclei. The occurrence of multinucleated gametes are rare. Accordingly to the pathological status and differences, the clinical symptom, prognoses and treatment, of course, will be also different. We know it now more exactly why one case is so easily handled and cured, than the other; on the contrary, never or very seldom.

Dr. D' Alocco (1917) describes a case of malaria with cerebellar symptoms *i. e.*, speech slow, difficult and scanning in character, anxious expression, marked tremor, deliberation and inco-ordination on attempting voluntary movements, whether of upper or lower limbs. This intention tremor was more marked on attempting delicate movements.

Dr. Brun observed in Constantinople the frequent presence of an area of total dullness of the apex of the lung in one or other side in patients who are infected by malaria.

Burgess and others have decided from many cases that there certainly exists a malarial pneumonia, in which, of course, pneumococci are predominant and of the most virulent type present. It would be impossible to discuss all those cases in this paper.

New York City.

INVERSION OF THE UTERUS

By H. H. Helbing, M.D.

Owing to the infrequency of this condition I thought it might be of interest to the profession to review the report of a case that was reported in *Surgery, Gynecology and Obstetrics*, as well as read the report of a case of my own that I have had the past year.

I was called to southeast Missouri to see a case that lived remote from the railroad, the case having been delivered of a baby about twenty-four hours before I reached her side. She was a multipara having had two other children. The doctor in attendance said that the uterus became inverted while the placenta was being expelled, and that no especial difficulty was encountered in removing the placenta. He had used no traction on the cord or placenta sufficient to cause the uterus to invert. He had, however, given a small dose of pituitrin.

After the uterus inverted there was considerable hemorrhage; so much so that the patient was extremely prostrated, and her life was despaired of. When I reached her next day she had recuperated considerably, feeling about as well as after ordinary confinement. The attending physician had exerted every effort to replace the uterus, but without success.

I found upon reaching the patient that she lived in a cabin devoid of windows and so remote from a railroad that it would be impracticable to remove her to a hospital; so we tacked a quilt up in front of one of the doors leaving an open

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space about two feet wide at the top over which we tacked a cheese cloth to admit light and exclude air, it being quite a cold day outside. After anesthetizing her we attempted to reduce the displaced uterus by using a blunt instrument covered with sterile gauze to push on the inverted fundus. The inverted uterus had not protruded from the vaginal canal. We did not feel justified in doing any cutting under conditions that prevailed, but thought that we should only endeavor to reduce it by manipulation. We used sufficient force to perforate the uterus, but without avail. Could she have been removed to a hospital where adequate facilities could be had we should have severed the cervix sufficient to relieve the constriction, which would have necessitated the opening of the cul-de-sac and entrance into the peritoneal cavity. Owing to her weakness as well as poor facilities, we felt justified in allowing her to recuperate a few days, when we advised that she be brought to the hospital for a more radical operation.

Being out in that country again a week later, upon inquiry I learned that the day before the patient got out of bed and attempted to walk around the room, whereupon the uterus was forced out of the vaginal canal and began bleeding. Up to this time she was doing nicely and felt so well that she thought she could get up. The doctor was called and attempted to push the uterus up in the vaginal canal, but could not do it, as it caused so severe hemorrhage as to endanger the patient's life. She failed to rally from the shock of this ordeal, and died the next day

In *Surgery, Gynecology and Obstetrics* for March, 1920, is reported a case of inversion of the uterus by Carey Culbertson, which report was given before the Chicago Gynecological Society. He says: "The patient was a primipara, 20 years of age and at term, came into labor at 1 A. M. October 4, 1916, with spontaneous rupture of the membranes. Delivery was accomplished at 7.15 A. M. October 6, by low forceps extraction, chloroform anesthesia. The placenta could not be expressed spontaneously. Her attending physician waited one hour. Hemorrhage then began and he introduced a pack. Hemorrhage continued, the pack was removed, and the placenta manually delivered, after which the uterus was repacked. The records show that there was some continuous oozing until 12 noon on the same day. A second degree laceration of the perineum was not repaired.

"In the afternoon of October 6, I was called to see this patient in consultation. She was pale, anemic; pulse thin and quick 120 to 160; temperature normal. A mass was felt above the symphysis which was thought to be or was recognized at that time to be the uterine fundus. It felt hard and was well contracted through the abdominal wall. The vagina was tightly packed with gauze which was not stained by any present hemorrhage When I saw the patient she was in bed with the foot of the bed elevated. Strychnia had been administered, continuous normal salt solution was being given per rectum by the drip method and three pints had been introduced by hyperermoclysis. We regarded the case at this time as one of postpartum hemorrhage in which the bleeding had been checked, and we did not disturb the packing which had just been put in.

"On October 9th, I was again called to see this patient. She had continued to bleed, the tampon had been removed, and the uterus again packed. At this time the abdomen was flat, soft and relaxed with a concavity similar to a hernial opening palpable in the plane of the inlet. The patient was taken to the operating room and the gauze removed from the vagina. It was then discovered that the vagina was distended by a soft bulging mass, which proved to be the inverted corpus uteri. The cervix could be felt as a tight ring high up laterally and posteriorly. An attempt was made to replace it by taxis, but this was unsuccessful. The cervix was then grasped by two volsella and pulled down as far as possible, the inverted corpus being elevated behind the symphysis. The posterior cervical wall or lip was split mesially up as far as the vaginal fornix. With the finger the vaginal wall was then dissected from the cervix and the cervix from the peritoneum. With this dissection carried out the free edges of the cervical incision were grasped and pulled down into the field of operation until the constricting ring appeared to be free. With the whole hand in the vagina, the fundus could not be replaced. The posterior incision was then extended until the cul-de-sac was

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opened, after which the corpus was very rapidly replaced. The cervix was then brought down by volsella and the line of incision sutured from above downward. The cervix had not been lacerated. The posterior cul-de-sac was then closed and the edges of the perineal wound freshened and repaired. The patient was then given stimulants and salt solution. On October 11th, I heard from the attending physician that the patient had died."

4963 Fountain Ave., St. Louis, Mo.

INVERSION OF UTERUS—MIDWIVES—ULCERS—EXAMINING PATIENTS

By F. L. Bott, M.D.

I wish here to report a case which may be of interest to some. I was called ten miles in the country to see a negro woman who was in confinement. The midwife informed me that the baby was born alive and was doing well, but the after-birth would not come away. I made an examination and found no cord. I said, are you not mistaken about the after-birth not passing, and requested an inspection of cloths, etc., which were used. I then asked where was the cord and the midwife said it had dropped off, and I said let me see the baby, and I found the umbilical stump normal and showing no signs of decay. The woman's husband informed me the midwife had pulled away something about two foot long.

On examination I found the womb partially inverted and had been for several hours. The woman, I was told, kept telling the midwife that she was killing her. So she had pulled upon the cord and inverted the womb and pulled the cord completely off. I cleansed the womb as best I could and freed it of the after-birth by piecemeal which was the hardest work I ever did along this line. The woman died in about a week. I saw her but the one time.

I was called to another case where the baby was born and the midwife informed me the after-birth would not come away, but I found she had the cord tied well to the bedpost to keep it from going back into the mother till I could get there and deliver it.

In leg ulcers I want to suggest that you give your patients iodide of potash along with your local treatment. I find no treatment better than to touch up ulcer with pure carbolic acid followed by tincture of iodine and instruct patient to apply the following on cloths without constricting the leg at any point:

℞ Balsam Peru..... ℥iv
Ol. ricini, q. s..... f℥vi

Do not fail to examine your patient thoroughly. Too many physicians get so they just ask a few questions and take the temperature after looking at the tongue with a few thumps around over the body. You make a mistake not to go thoroughly into the case. Anything worth doing is worth doing right, and you fall out of the work by your own acts, and should. Your patients know when you are doing your duty. You will be a better doctor if you go into each case to win. Let me give you a simple procedure that has made me many thousands; when a female patient comes into my office I suggest a thorough table examination, for two reasons: First, I want to find out what the trouble is; then I want to get a living fee. My fee for table examination is $5. In making the examination on the table after I have found out the age, married or single, monthly period condition, whites, and everything possible connected with this part of life, as number of children and the ages of the oldest and youngest and especially if an abortion has occurred. I note condition of vagina, cervix, position of uterus, and feel carefully for hard points or protruding masses and their consistency. Then I tell them to turn with their back to me and I introduce a Sim's speculum, and after drying the parts well with cotton on my applicator I paint cervix and vagina well with tincture of iodine (just the plain tincture, for it is just as good as Churchill's). Now, I have my cotton tampon with the first piece soaked in glycerine and pack the vagina and let it remain twenty-four hours. Do this weekly.

Lexington, Miss.

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"HEALTH-FOOD" FALLACIES

By Dr. Axel Emil Gibson

The "Mucus-free" Diet

Recognizing the fact that catarrh has its basis in alimentary fermentation, and that the latter arises from starchy foodstuffs, the adherents of the "mucus-free" or catarrh-free diet aim at a more or less thorough exclusion of starch-bearing plants or grains from the dietary. The plants which thus have to be avoided are principally made up by tubers and pulses—*i. e.*, the potato, bean, pea, squash, rice, pumpkins and the cereals in general. On the other hand, the foods considered "mucus free" and dietetically reliable, are contained in the green, leafy vegetable, the nuts and fruits of the season, and cereals, bread and cookies, made up of bran and cellulose.

That the human body can be sustained on a strict "mucus-free" diet can be subject to no doubt. Fruits, nuts, lettuce, cucumbers, turnips, carrots, celery, cabbage, bran and milk contain all of the tissue salts that have been considered indispensable to the sustenance of human life. In fact, we may even go so far as to assert that a complete discharge of every vital function can be maintained on a diet of grain alone, or on fruit alone, on milk, and even on vegetables alone. For the cells of any kind of food have potential energy sufficient to sustain, for longer or shorter time, every form of life, the question being m rely to what extent the constitutional power of individual assimilation can penetrate and absorb the latent nutritional energy and transform it into biologically available power. In other words, it devolves upon the individual organism to polarize the potential energy of the food cell into the kinetic power of organized physiological life.

For after all, the problem of diet has not its solution either in the quantity or quality of the food itself, but in the processes of nutritional chemistry at work in the individual. The same food may wreck or save human life, according to the biological and physiological condition of the individual himself; just as the same physical-culture exercises may break down one individual and build up another. It is not in the *minimum* of food that we encounter the danger of tissue destruction, but in its *maximum;* not in the lack of calories and grams of proteids, but in the mixtures of incompatible foodstuffs, and in the fermentation and autointoxication arising from the inevitable chemical reactions. For, above all, we must never ignore the fact that the stomach is a chemical retort, and subject to the same processes of reactions that take place in the chemical laboratory, reactions, which, whether we realize them or not, take place whenever chemically heterogeneous substances are allowed to enter the stomach, though the immediate effect upon the system may be controlled by the constitutional reserve power of the individual, or his saving idiosyncrasies to a given form of food.

The conditions that affect digestion may thus be summed up in two groups of reactions: those related to the food itself—its amount, quality, combination, temperature, etc., and those related to the individual, his temperament, nerve-power, occupation, disposition and previous modes and habits of living.

From this it is self-evident that the problem of diet is not solved on a basis of mere individual sustenance, or on his position as a vegetating organized creature in evolution. The question is considerably deeper and involves the balance between a maximum of available constitutional energy and a minimum of vital and nervous expenditure. The business of life is based on the same principles of profit and loss as that of sociological, organized industry; in either case the determining issue is to insure a continuity of the process upon a self-sustaining basis. The expenditure of energy involved in the digestion, peptonization, emulsification, assimilation, ionization and vitalization of the food in its transit of nutritional exchanges, from potential elemental energy into kinetic muscular power, must not exceed the available vital sum total of the physiological resources of the body itself, or the ultimate result will be ruinous, no matter its apparent but temporary success.

Brought to the stress of expediency, and while yet backed up by the heredity of a vitally powerful ancestry, na ure becomes a true miracle

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worker and may again and again reproduce the ancient miracle of Canaan in feeding the numberless hosts of her cells with the mere salvage of her physiological wreckage. Heredity is a factor which must be seriously reckoned with in the relation of an individual to his food and his general power of endurance. Thus we may frequently find one individual triumph in the very indulgences that result in the ruin of another. Yet the ultimate result, however long deferred, will be the same: foreshortening of the vital perspective of the individual through the premature degeneracy and breakdown of his organism.

Nor does the real danger to life lie in underfeeding. Innumerable are the reports that come to us from individuals who have been able to sustain life on a *menu* which from an ordinary dietetic point of view could spell disaster. Most of us, perhaps, are acquainted with Prof. Yates' experiment with the Hammam Bath attendant, who during a fifteen-hour fast, while continuing his work as masseur, lost three pounds of weight. At the end of the fast he was placed in front of an open window, where after two hours' complete rest and relaxation, and with no other form of nourishment than a glass of Port wine, he regained every ounce of his loss.

Another case is reported by Horace Fletcher of a well-known Boston author who for fifteen years had been living on a diet of three whole-wheat biscuits a day, with a glass of fresh milk at each meal. Not less unique is a case reported by a German medical journal of a Hungarian peasant who for three years, had, while enjoying perfect health, been living on alfalfa and milk; and in a number of the London *Lancet*, in 1910, reference was made of a lawyer of a prosperous practice in a suburb of London who for over ten years had been living on a menu of apples, either in their natural raw state or prepared in different forms of cooking. We all know about the old Scotchman attaining the age of 105 years on a diet of oatmeal and milk; and the Irishman reaching the same milestone on a staff of life made up by potatoes and salt. Again we have the old Dutch woman living over a hundred years on a "pompernickle, pickled-herring" and small-beer diet, while macaroni, onions and cheese accomplish the same feat with Italians; and rolls, wine soup and lettuce salad with the French. Finally we find the Bulgarians reach an almost incredible longevity on black bread and onion-garlic-barley puree, etc., while last, but not least, comes the famous case of the Irish Mayor Terence MacSwiney, performing his 75 days' fast under the most adverse conditions, on a diet of mere sips of water!

What at once captures our attention in this array of long-lived men and women is their disregard for any rule laid down by the canon of the "mucus-free" or any other "health specialized" diet. The Scotch oatmeal, the light rolls are the very substances which the "mucus-free" dietitians especially warn against, which at the very outset goes to prove that the fundamental principles of his system are wrong and unreliable, overlooking facts which are of enormous significance in the science and practice of a rational and life-prolonging diet.

Los Angeles, Cal.

(To be continued)

THE FALLACY OF CHIROPRACTIC

By W. B. Secrest, M.D.

It is an indisputable fact, that the drugless cults are overrunning the country. Every blacksmith, drug clerk and farmer's boy, who thinks he has three ideas above an oyster, considers it his bounden duty to study some one of the drugless cults, principally chiropractic, so that he may do his whole duty to humanity, by restoring sight and hearing, curing appendicitis, ingrowing toenails, and growing a crop of hair on a billiard ball.

Did I say study? Well, I take that back; all they do is jump in and get wet all over like a swimmer, and then they are ready for their life's work.

Barnum was the great little grafter in his day, but if the old elephant trainer knows what is going on now, he realizes what a piker he was, and what he is missing. And the funny part of it is, they are getting away with it. Even the legislatures are being fooled. Well, that is not surprising, as there are more than them

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being fooled. I made the statement not long ago to a bunch of medical men and dentists, I could teach any one with ordinary intelligence, the science (?) of chiropractic in twenty-four hours. Is that too strong? Then I will modify it. I can teach any one with ordinary intelligence the science (?) of chiropractic in twenty-four hours, as it is being practiced today by the mail order students and all others. "Its nosology is a lesion, its symptomology a subluxation." There has been considerable discussion between the chiropractors and the osteopaths; one is afraid the other will steal his thunder. The facts in the controversy, or rather, the truth about the matter is, osteopathy goes much further than chiropractic, as the latter simply concerns itself with making a thrust, the former makes the reductions of subluxations, so called, in a different manner. They go further and work on the bones, ligaments, organs, muscles, etc., so that of the two cults, osteopathy more nearly reaches the dignity of a science.

Chiropractors tell us, or rather, their patients, because no medical man can be fooled by such guff, that disease is caused by a subluxation of a vertebra, which impinges or presses on a nerve, thereby causing all of the suffering of humanity. They go further than that. They even print a picture of the spine in their advertisements, showing the impingement of the nerves. I defy any chiropractor to demonstrate to me, or any other physician, the truth of this statement. "It ain't being done today."

They are even installing X-ray machines in their offices to prove to the credulous public the truth of their claims. You know and I know what a difficult thing it is to do, read an X-ray picture; it requires an expert, yet "Fools rush in where angels fear to tread." Yet, as I said before, they are getting away with it. In some states they are even asking that they be permitted to sign death certificates and do everything a physician is permitted to do. Oh, ye gods, what next?

Up in Seattle, one of the cult concluded he would branch out and do a little specializing, so he bought a book on diseases of women, did a little reading and proclaimed himself a specialist in diseases of women. Called in his first case, he placed a glycerine tampon in the vagina, and to make his work complete and finish the vaginal toilet, *pro bono publico*, he dusted some powder in and around the vagina. Soon after reaching his office things began to happen and he was a worried chiro. Forgetting he was a specialist in diseases of women, he phoned a medical man and told him to hurry up on the hill to Mrs. So and So, as she had "busted her bladder and was frothing at the mouth down there."

What are the facts in the case? Is there such a thing as an impinged nerve? I say no. Then, what do they do in order to accomplish any good, and we will admit they do some good in some cases, and I will say they do a lot of harm in others. Why do they do good in some cases and harm in others? The answer to this is easy, and I will tell you.

It is possible, and not only possible, but it can be done and is being done, to contract, or dilate any organ in the body, to increase or decrease the blood supply to any organ in the body. These are known as the "Reflexes of Abrams," and, by the way, this physician is doing more for scientific medicine in his research work than any man in the profession, and is better known on the continent than he is in his own country. Then, this being so, and it is so, what the chiropractor does with his thrust is simply to produce a reflex. If he follows out his teachings, as taught by their schools, as to what a thrust on a certain vertebra does, and he does follow them out, it is evident to a thinking man, assuming the "reflexes of Abrams" are true, and believe me, they are true as any one can demonstrate to his own satisfaction hey, the chiros, will produce promiscuous reflexes, and are just as likely to do harm as good.

I will illustrate what I mean by citing one case. This happened Saturday night or rather Sunday morning. I was called about 2 A. M. to see a lady who was fighting an attack of bronchial asthma. I found her sitting up in a chair fighting for breath. In bronchial asthma, you know, the bronchial tubes are dilated, inspiration is easy, but expiration is prolonged and difficult, because the dilator fibers of the tubes are in control. Laying my finger on a certain vertebra, the lady says that is sore. I inquired what made it sore? She stated they

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had a chiropractor the night before, and he had worked on that vertebra, and since then she had been much worse. Then I got it. This fellow had presumed, he did not know she had asthma of cardiac origin, and had worked on this vertebra, not knowing that while he was contracting the heart he was also dilating the lungs. I explained what the trouble was and who was responsible for her suffering. One chiro will get no more work there. To relieve her, I concussed over the fourth and fifth cervical, and she was easy in five minutes, and remained so for some hours. That day I was obliged to see her several times, using concussing and adrenalin hypodermically, and it took me thirty-six hours to thoroughly overcome the damage a chiro had done in five minutes. It is a good thing that you know something about chiropractic in order that you may inform your clientele just what harm these fellows do. Education is the only way and you must educate yourself in order that you may be able to educate the public. Herein lies safety, not only for yourself, but the public also.

Logan, Utah.

ACONITE IN CHILDREN

By John C. Warbrick, M.D

Aconite seems to be one of the drugs the action of which is not even yet, in this late age, fully understood by numerous medical men, if one can judge by some of the erratic statements made about it, so that it is to an extent considered a dangerous drug and many physicians are really afraid to use it at all.

Aconite is a drug with a history, and dates from the very earliest times up to the present, while on its merits it should claim a great deal of attention and should be used because it is a valuable drug. The statement has been made by some one that aconite is contra-indicated in children. Now why should such a statement as this be made?

Why should aconite be contra-indicated in the fevers of children when it is known beyond a doubt that it is of great value in such cases and has been proved so in my experience and in that of others? So far as my judgment goes, there is no reason why aconite should not be used just as much in the fevers of children as in the fevers of adults, of course, in corresponding doses, as anyone might know. It makes a difference if one has not had experience with a drug, and if the use of it is not well understood, so that inaccurate observation may result and at times an injustice may be done a drug, such as aconite, that has been tested and tried for centuries. I have used aconite, both in the liquid form and also that of a pill of graded strength, and I have never had anything but good results follow the use of the drug.

I have used it in the form of a pill in the fevers of children often, and I have never had anything occur that would tend to make me discontinue its use in such cases; in fact, I have found it very useful in lowering the fever in children of various ages in a short time, and also of slowing the pulse.

Where the heart is weak in either adults or children, of course care has to be used the same as in anything else; but then there is not so much danger, for a small dose can be used with good results in some of those cases, and it all depends upon the case and the conditions governing it. Aconite may be used in numerous diseases, but its special action is in fevers, and always has been, and there is nothing better to use, whether in the fevers of children or of adults. In such cases it may well be said that aconite is in a class by itself and there is no other drug to replace it. Aconite deserves this designation because it is a drug that has given good results for years.

In the fevers of children it may be used in the form of a pill, and about 1-10 grain doses, with no danger whatever. Aconite is good in acute inflammations where the fever is high and where the pulse rate is only slightly or greatly increased. Many times have I watched with pleasure the beneficial effect of aconite, as it was acting promptly in the cases where it was used, as in the high fevers of both children and adults, so that I had no doubt about the results.

In the fevers of children aconite may be used

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alone in the form of a tablet or pill or in the liquid form of the tincture either alone or in combination with other things, such as sodium citrate and sweet spirit of niter.

Any of these forms of aconite may be used in the fevers from an early age in childhood upward without any danger in proper dosage.

Chicago, Ill.

METHYLENE BLUE AS A HEMOSTAT

By E. M. Perdue, M.D.

It is quite common to read of methylene blue as a stain for bacteria and nervous tissue, as a remedy in genito-urinary disease, and as an antiperiodic in malaria. But its greatest virtue seems to be entirely neglected in medical literature. In order to emphasize what we desire to state in this article, we will make the following bold assertion:

Methylene blue is our greatest hemostat.

With the exception of a brief note of my own, I have never seen this statement made in medical literature. The only reference made to the value of such stains in stopping the flow of blood is in a preliminary note by Dr. Pasquale Romeo, published in Bulletin 1, of the Eclectic Medical University, of Kansas City. Dr. Romeo made his investigations into the merits of methyl violet and announced its hemostatic properties. I have no information that Dr. Romeo pursued his investigations.

Methylene blue does not corrode tissue, it does not cause pain, it is not toxic. Because of the colloidal nature of its solutions in water it combines directly with living tissue and imparts to tissue its own rate of vibration. Its hemostatic value lies in its color, or rather the rate of vibration necessary to produce the color blue. The lower rates of vibration producing red colors are exciting and stimulating. The higher rates producing the blues and violets are sedative and contracting. Tissue stained with methylene blue in life contracts. Bleeding tissue contracts, shuts off the lumen of capillaries and small vessels and stops bleeding.

Preparation and Use

Dissolve 1 gram of methylene blue in 1 quart of water.

With cotton rolled upon an applicator and saturated with the solution of methylene blue, apply to the bleeding cavities where teeth have been extracted, in the nostrils in nose bleed, and to any bleeding surface of small area.

With a large syringe or with a large pledget of cotton saturated with the solution, apply to bleeding rectum or bleeding uterus in post-partum hemorrhage, placenta previa, profuse and long-continued menstruation or bleeding because of tumors.

With catheter and funnel run solution into bleeding bladder.

In bleeding from esophagus or stomach, give a tablespoonful by mouth.

By any other method suggested by the ingenuity and resourcefulness of the physician stop bleeding in any part of the body.

Methylene blue thus applied will stop bleeding in any and all cases not requiring the ligation of a great vessel. The bleeding will stop at once upon the application of the solution.

The writer is connected with an institution devoted to the treatment of diseases of the rectum. From 150 to 250 patients are in daily attendance. A solution of methylene blue is upon every treatment stand. All kinds of bleeding are stopped by it. It is readily used by nurses as well as by attending physicians. It is to be recommended as a household remedy. It is harmless as well as efficient and dependable.

1003 Forest Ave., Kansas City, Mo.

INHERITED RESISTANCE TO DISEASE

By Casper L. Redfield

The term "energy" and the term "power" are often used synonymously, but there is a technical difference between them. Energy is the supply upon which we draw when we do work of any kind, and power is the rate at which we draw on that supply. For a person to have great power, physical or mental, there must be a large supply of energy from which

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a great draft may be made in a short time. Or, for a person to exert a moderate power continuously for a long time, there must be a large supply to withstand such continuous draft.

When a person takes some particular form of exercise, as swinging dumbbells or Indian clubs, he exerts foot pounds of energy through certain muscles. After continuing the exercise for a time he becomes tired and is forced to stop for a rest. After a short rest he can renew the same form of exercise, but soon has to stop for a second rest. After the second rest he can begin again, but soon has to stop for a third rest. By using short intervals of rest in this way he may continue the same form of exercise for several hours, but finally he is compelled to rest for a longer period.

In this process, the foot pounds of energy which are expended are drawn from the muscles exercised, and the supply of energy must be there before it can be withdrawn. The tired feeling is nature's signal that the available supply of energy in the exercised muscles is becoming depleted. During the rest period which follows, the supply in the muscles becomes replenished, as is evident from the fact that further expenditure of energy by further exercise may be made after the rest.

This new supply of energy in the exercised muscles does not come from nowhere out of nothing. It is withdrawn from other organs in the body, as is evident from the fact that a man who has exercised the muscles of his arms for a considerable period in the manner described is in no condition to compete in a foot race or a debating contest.

From these facts it will be seen that each organ has in it a supply of energy normally appropriated for its use, but that any organ when under special strain may draw on the supplies in other organs. Also, that all forms of energy are really different forms of one and the same thing. Mental energy does not stand on any different footing, as is evident from the fact that it may be depleted by excessive strain put on any physical organ.

Occasionally we find the daily papers filled with accounts of preparations for a prize fight for the championship of the world. We are told that Jim and Jack have gone into camps in some places in the country. We read that Jim punches the bag for several hours daily, boxes with a husky opponent, and goes on ten mile hikes. Jack goes on long hikes, boxes, and punches the bag. And we read that these men do these things, and other things of a strenuous character, day after day up to the point of weariness.

Why should men who have to go through the ordeal of a fight for the championship of the world make themselves tired day after day for several months just before that trial is to occur?

The fact is that the process of expending energy through an organ is one step in the larger process of increasing the store of energy within the organ exercised. Jim and Jack go through the process of expending as much energy as they can through those particular organs which will be most severely taxed during the fight. Then they take two or three days of rest just before the fight. By that process they get into themselves as great a supply of energy as possible.

One thing the reader should note, and that is that there is no means of increasing the energy supply in the system other than through exercise. A man cannot become an athlete by sitting still. Neither can a man become a mental giant by simply sleeping in a library. Mental powers are developed by mental exercise, and in no other way.

The converse of the development of powers by exercise is the decline of powers by idleness. When an active man takes up a sedentary life, his physical powers gradually and continually decline, as long as the relative idleness continues. When a race horse is retired to the breeding ranks, his racing powers decline continually year after year. The same thing is found in other animals, in plants, and in seeds. In all living things, any decrease in activity, which is continued for more than a few days, invariably results in a decline of powers.

The "all living things" of the preceding sentence includes the cells of a multicellular organism, and the micro-organism which produce disease. For example, when a person is vaccinated he is inoculated with what is known to be a form of cowpox germs. Because the germs are weak, the powers of the vaccinated

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person are enabled to overcome and destroy them without great difficulty, and in a comparatively short time. But going through the efforts of overcoming these weak germs is a form of physical exercise in which the man's powers of fighting that form of germ are greatly developed, and he becomes immune to attacks by fully virulent smallpox germs.

But when a man has been vaccinated and then lives several years without being attacked by smallpox germs, the cells which fight such germs have been idle as far as fighting that kind of germ is concerned. As a consequence, his powers of resisting smallpox gradually decline, and he must be vaccinated again if he is to remain immune.

There is a second way by which a person may lose powers which he had before, and that is by continued overexertion without proper intervals of rest. In fact, a man may kill himself by nothing else than continued overexertion. That fact shows that the energy which keeps us alive is simply one form of that energy which we measure in foot pounds and is the subject matter of our science of energetics.

From powerful parents we get powerful offspring, and from feeble parents we get feeble offspring. That is true with human beings, with horses, with other animals with which we are familiar, and with plants. It is a fact well recognized, and one not disputed by anyone. The only exceptions are the results of accidental malformations which prevent the offspring from being as powerful as the parent, and those exceptions are apparent rather than real.

As individuals can become more powerful only by the exercise of the powers they already have, and can become less powerful only by idleness or by exhaustion from overexertion, it is not difficult to see how the race may be improved in its mental and physical powers, powers of resisting disease, vitality and longevity.

The increase in physical powers in successive generations has been traced in the trotting horse step by step through a century of time. In that period the trotter has been developed from the three-minute to the two-minute trotter. We get that kind of improvement in succeeding generations when the preceding ones develop their trotting powers by trotting exercise before reproducing more than the normal for the breed, and under no other circumstances or conditions. When the amount of trotting development by trotting exercise is less than normal before reproducing, there is invariably a decline in trotting power in the succeeding generation. There is no uncertainty about this. The evidence is positive and precise, and can be verified by anyone.

In human beings we do not have the same scientifically exact evidence we have in horses, but we have enough to show that mental power in man is subject to the same laws as trotting power in horses. This correspondence is found both by comparisons of details and by comparisons of aggregates through statistics. The fact that the supply of mental energy may be drawn to help out overtaxed muscles shows mental energy and muscular energy belong in the same class and are subject to the same laws.

The inheritance of powers developed by exercise may be seen in the case of smallpox. We have a history of that disease in Europe for a period of about nine hundred years. It would appear in a particular neighborhood, kill a large part of the population, and then disappear completely. After about two generations it would reappear in the same neighborhood, kill many more, and again disappear. And so on indefinitely, with no improvement through the so-called selective death rate. In the eighteenth century it was just as deadly, if not more deadly, than ever before.

But beginning about a hundred years ago, vaccination came into vogue, and has been used to an increasing extent ever since. With the advent of vaccination, smallpox became less frequent, and has also been becoming less virulent. Today it is not the extremely dangerous disease it was a century ago, even when it attacks the unvaccinated.

The reason why a person is not quickly killed by such a disease as smallpox is because he has powers of resisting that disease. He can come into possession of such powers only by having the disease, by vaccination, or by inheritance. But he can inherit such resistance only from parents who have it, and those parents can come into possession of it only by having the disease, by vaccination, or by inheritance.

Europe's history of nine hundred years shows

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that the resistance to smallpox acquired by having the disease does not extend over two full generations. When there is a period of that length of time in which no efforts have been made to fight that disease, the previous powers are lost by idleness.

There is only one answer left. The reason why smallpox is less dangerous to the unvaccinated man of today than it was to the unvaccinated man of a hundred years ago is because the present man inherited some of the resistance which his parents acquired by being vaccinated. The reason why he is not immune is because considerable time has elapsed in which there was no exercise in fighting smallpox germs, and during that idle period the high resistance was reduced to low resistance, but was not fully extinguished.

527 Monadnock Block, Chicago.

30 X

By Dr. P. A. Spain

I like a liberal-minded physician, but a physician should always be rational, or at least try to be so. There are some conditions which perhaps do better to let nature take care of them than to keep doping them with potent drugs. It is quite an attainment in medical practice to be able to tell when to quit giving medicine. It is of perhaps equal importance to know when to give medicine and then when to quit. It is also a sure truth to say that recovery is not necessarily the result of our prescription. A placebo does not cure, but just lets the patient get well. No doubt many of our medicines are of this nature—perfectly harmess, and useless except to entertain the patient while he gets well.

Dr Jones' prescription of 30 X arnica prompts me to write this card. Am nearly as old as Dr. Jones and use triturations some, and have used them for about 35 years, but am thoroughly convinced that 30 X is not rational medicine except as placebo. I would not hope to convince the good doctor, but am just expressing my well-matured idea.

The reason for my conclusion is that a mathematical certainty proves that it would require 5 globes of alcohol or water as large as our earth to turn one drop of tr. arnica into the 30 X dilution, and yet we are told that a vial filled with fluid from a globe five times as large as our earth with one drop of arnica floating around in such a mass, will cause absorption of a clot on the brain. Irrational.

Paris, Texas.

ELECTROCARDIOGRAPHY IN ANGINA PECTORIS

A study of 155 cases of angina pectoris is reported on by Willius. Nineteen patients had recognizable aortic lesions, four of which were of syphilitic origin. Seven patients had aortitis, four had aortic regurgitation, five had aortitis and aortic regurgitation, two had aortic stenosis, and one patient had an aneurysm of the descending aorta. Seven patients having syphilis did not have clinical evidence of aortic disease, although the heart was invaded by disease. Two patients had mitral stenosis. The remaining 134 patients had indeterminate pathological lesions. No electrocardiographic findings pathognomonic of angina pectoris were noted. Significant T wave negativity occurred in one-third of the electrocardiograms. Abnormalities in T wave contour affecting both the positive and the negative wave are significant. Abnormal Q R S complexes in all derivations of the electrocardiogram occurred in 14.2 per cent. of the records. The cardiac mortality of the complete group was 46.7 per cent., definitely contrasted by the higher mortality attending those patients having significant T wave negativity (70.3 per cent.) and abnormal Q R S complexes in all derivations (62.5 per cent.) of their electrocardiograms.—*Arch. Int. Med.*

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Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue await the Answers which our intelligent readers may be pleased to contribute for publication in our next.

SOME EXPERIENCES WITH BACTERIAL VACCINES

By V. D. Farmer, M.D.

Being one of the earlier users of vaccines, I would like to give my experience with vaccine treatments.

At first, I did not get as good results as I do today, because the question of dosage was then more a matter of dispute than now, and everybody gave too small doses. Now all agree on larger doses at first, especially in acute cases; but in chronic cases the immunity must be built up by small doses gradually increased.

The most marked results with vaccines are in cases of acute infections, such as arthritis following "sore throat." I give 1½ to 2 mils for fir t dose if fever is high. I give no other medicine except a laxative, and for local treatment only apply cotton to inflamed joints. In children these results are especially marked. I give children same doses as adults if fever is high. Sometimes one dose is sufficient, but usually two to four are needed.

Vaccines give immediate results in quinsy if given early and also in Vincent's angina. They do not remove the pus in quinsy, however.

Formerly, the specialists got most of my cases of iritis, but now by dilating the pupil with 1 per cent. atropine solution and giving large doses of vaccines every day, or every other day, the pain is relieved almost immediately and recovery is hastened many days over the old way of treating it.

In erysipelas, I use Sherman's No. 1 (streptococcus erysipelatis, 50,000,000; staphylococcus albus, 200,000,000) in doses of 1 to 2 mils every day to get best results The fever goes about the third day and swelling subsides and patient is comfortable through its course.

Great improvement can be had in arthritis deformans and a cure effected if not too far advanced. I give a dose about once a week, beginning with 10 drops and increasing each time.

Neuritis, if following grippe or "colds," yelds to one or two treatments, but in chronic neuritis of older people it needs more extended treatment.

People having long lasting colds come in and a few vaccine treatments cure permanently. These patients have taken a lot of medicine already and are grateful for a change to an easier method of cure.

Called to see children seriously ill with bronchitis, I give a large dose of vaccine and one dose usually cures, or at least makes marked improvement. I find that in these cases the parents are very much alarmed over the condition of the child, as the objective symptoms are so evident, and they are very willing for and appreciative of the vaccine treatment as being an additional help to save the child's life. Very seldom do the parents oppose vaccines.

It is to be regretted that so many doctors not only do not use vaccines in their practice, but actually "knock" them, although many have not even tried them, or through inexperience did not get the proper results in their first two or three cases, and so condemn them.

It is bound to come that in a short time instead of only a few in each city using them all will use them more and more and fewer drugs will be given.

Jackson, Mich.

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ABOUT NARCOTICS

By Dr. P. A. Spain

You ask for Postal Pointers, and suggest some topics. "Can we get along without narcotics?" Sure we can, but we could not satisfy the demand of sick people. No single drug is indispensable, but to do without a narcotic of some kind would make the office of a physician very hard and very unsatisfactory to the public. Opium and extracts are the best for general use, morphine is potent, sure and quick in effect, and by its relaxation of nerve and muscular tension is curative in its tendency.

Many other drugs and measures are in greater or less degree narcotic, but while we work and wait for their slow effect the patient lies in agony, and doctor and friends are in suspense indefinitely.

To the unskilled and unscrupulous opium is a curse. Under no law. The race would be in better condition as a whole without it. Regulation by law may be beneficial and help retrieve the race from its abuse. Total suppression is not advisable along any line of beneficial agents.

Doctors are not perfect and cannot all be left free to prescribe either alcohol or opium *ad libitum*. The regulators often need regulating, but still we must use human agencies and human judgment, in combating vice. "*No regulation*" would mean anarchy and cannibalism.

Paris, Texas.

RENAL THRESHOLD FOR GLUCOSE

Investigations were made by Goto and Kuno on 55 healthy subjects. It was found that 33 eleminated sugar after having taken 100 gm. glucose, but that the quantity eliminated was very small. Twenty-eight of the 33 showed no abnormal hyperglycemia and in some cases the renal threshold for glucose was clearly low. It is clearly evident, when the threshold for glucose is lowered, that the lower the threshold the more easily sugar is eliminated in the urine after a carbohydrate diet. If the threshold is severely affected, then sugar will be excreted in the urine even when the sugar in the blood is normal or very slightly higher than normal. Since the renal threshold for glucose is sometimes lowered even in some normal persons, careful attention should be paid to the diagnosis of so-called mild diabetes, in which slight glycosuria is present after meals, and in which no clinical symptoms are noted. To diagnose mild diabetes and renal glycosuria, it is necessary to examine not only the excretion of the sugar in the urine, but also the sugar in the blood after the glucose test has been made, and to study carefully the renal threshold for glucose.—*Arch. Int. Med.*

DISSEMINATION OF SPIROCHAETA PALLIDA

Spirocha ta pallida has been isolated by Eberson of St. Louis from the blood stream of experimentally infected rabbits, seven, ten and thirty days after intratesticular inoculation, at times corresponding to twenty-six, twenty-three and three days prior to the appearance of any initial lesion. The regional lymph glands of rabbits have been found to contain active virulent *Spirochaeta pallida* seven days after inoculation of the rabbit's testicle and twenty-six days before any primary lesion had appeared. The spleen has been shown to contain the spirochete more than two months after the inoculated testicle had healed entirely and has been found free from spirochetes by repeated puncture and direct inoculation of the excised testicle into other rabbits. For confirmation of experimental work and for the diagnosis of suspicious syphilitic material which cannot be studied microscopically, it appears that the method suggested by these studies might be employed to advantage. With early invasion of the lymph glands and blood stream established definitely during the incubation period of syphilis in animals, the theory of a life cycle of *Spirochaeta pallida* is weakened considerably. The absence of organisms, as judged solely by microscopic findings, is not convincing proof that a change of form has taken place within the animal body. That this spirochete is found unaltered both in morphology and in virulence in the blood and glands Eberson thinks is sufficient to render the theory untenable.—*Arch Derm. and Syph.*

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

SYMPTOMS OF ECLAMPTIC TOXEMIA

Headache, nausea, and vomiting, epigastric pain, vertigo, ringing in the ears, flashes of light or darkness, double vision, blindness, deafness, mental disturbance, defective memory, somnolence; symptoms easily explained by the circulation of toxic blood through the nerve centers. These may be preceded by lassitude, and accompanied by constipation, or by diarrhea. Headache is perhaps the most significant and common warning symptom. In bad cases the urine is reduced in quantity (almost **suppressed**), very dark in color, its albumin greatly increased, so that it becomes solid on boiling. Next comes the final catastrophe of convulsions. The convulsive fit begins with twitching of the facial muscles, rolling and fixation of the eyeballs, puckering of the lips, fixation of the jaws, protrusion of the tongue, etc., soon followed by violent spasms of the muscles of the trunk and limbs, including those of respiration; hence lividity of the face and stertorous breathing, biting of the tongue, opisthotonus, etc. The fit lasts fifteen or twenty seconds, ending in partial or complete coma, possibly death; or consciousness may return, to be followed by other convulsions.—King's "Manual of Obstetrics."

The prophylactic treatment consists in frequent and regular examination of the urine. After the first appearance of albumin, daily quantitative examination of the urine should be made. The diet should be milk; the bowels should be kept freely open by means of calomel and salines; the skin should be kept active by hot baths, followed by vigorous rubbing. Diuretics, such as Basham's mixture, digitalis, and caffeine should be administered. During pregnancy, if the percentage of albumin increases in spite of the treatment, abortion or induction of labor is indicated.

OCCIPUT POSTERIOR

Diagnosis: Vaginal examination reveals the occiput and smaller fontanel posterior in the median line, while anteriorly the bregma is within easy reach. The sagittal suture corresponds to the conjugate diameter of the pelvis. If the complication be the result of an imperfect perineal floor, the head will be low down in the pelvic cavity, while if it occur from some insuperable obstacle to entrance into the superior strait, it will be found resting high up on the pelvic brim. Abdominal palpation will in the latter class of cases, show an anterior median situation of the fetal extremities, with a transverse position of the houlders; the head may be readily mapped out, while the fetal heart-sounds will be indistinct, and only heard far back in the flanks, or they may be altogether absent —DORLAND.

The normal course of delivery in occipito-posterior positions, is the same as in occipito-anterior positions except that the head must rotate to the front through three-eighths of a circle; of course this takes longer and is more tedious.

In abnormal cases, the management is as follows:

(*a*) *When diagnosed while the head is at the brim.* (1) Leave it alone. The occiput will probably rotate to the front all right if it is given plenty of time. (2) If flexion appears to be deficient, try to increase it by pushing up the sinciput with the fingers in the vagina during a pain, at the same time pressing down upon the fundus with the other hand. (3) The head may be rotated by passing the hand into the vagina and grasping it between the fingers and thumb. At the same time the shoulders must be rotated by abdominal palpation, or else the head will at once go back to its

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original position. This maneuver generally requires an anesthetic.

(*b*) *When diagnosed after the head has entered the pelvis.* (1) Leave it alone. After exercising the patience of all concerned, it will probably rotate spontaneously. Only about one case out of twenty fails to do so. (2) An attempt may be made to increase flexion as before. (3) Manual rotation may be attempted as before, but the head must first be flexed and gently pushed back out of the pelvis. (4) If the pains are weak, forceps should be applied well back on the head, so that when traction is applied, flexion will be promoted. The head should then be pulled well down on to the pelvic floor. If it begins to rotate, take off the forceps and leave the rotation to nature, merely keeping the head on the pelvic floor by pressure on the fundus. After rotation the forceps may, if necessary, be reapplied and delivery completed.

(*c*) When the occiput has definitely rotated into the hollow of the sacrum, and the case has become a persistent occipitoposterior, forceps should be applied and the head delivered with the occiput posterior. The perineum should be guarded as much as possible, and any tears stitched up at once. In extreme cases craniotomy and pubiotomy may require to be considered.—Johnstone's "Textbook of Midwifery."

[It is a great deal better, however, to do a bimanual turning and to do it promptly. I have never seen an occiput posterior right itself or the fetus to be born without being turned around.—ED.]

Conditions that justify the induction of premature labor: (1) Certain pelvic deformities; (2) placenta prævia; (3) pernicious anemia; (4) toxemia of pregnancy; (5) habitual death of a fetus toward the end of pregnancy; (6) hydatiform mole; (7) habitually large fetal head.

Method of inducing premature labor: Catheterization of the uterus: The first step consists in separation of the membranes from the lower uterine segment by means of a uterine sound or with the finger. The operation must be aseptic. Detachment of the membranes with the sound may be done with the woman in either the left lateral or dorsal recumbent position. For the use of the hand the dorsal position is best. The second step consists in the insertion of one or more No. 12 English bougies, or a sterile rectal tube, between the membranes and the uterus. No anesthetic is required. Usually the bougie or rectal tube is most readily passed with the aid of the Sims position, the Sims speculum exposing the cervix, which is drawn forward and held with a volsella. The bougie is sterilized by boiling or steaming, the proximal end is cut off, and a stylet inserted. To facilitate introduction the bougie is bent to nearly a right angle at about three inches from the distal end, giving it a large curve. Great care must be used to avoid rupturing the membranes. The instrument is then pushed up gently and in the direction in which it passes most easily. After it has entered between the membranes and the uterine wall, the stylet is drawn down about one inch. The flexible tip of the bougie finds its way readily with little risk of perforating the membranes. The bougie fully in place, the stylet is withdrawn. A second bougie may be inserted if it can be pushed into place without too much difficulty. Bleeding is probable evidence that the instrument has passed behind the placenta. The hemorrhage may occasionally be excessive. It is then best to withdraw the instrument and pass it in another direction. A light tampon of gauze may be packed in the vagina, but it is not required to support the bougie. The instrument is left to be expelled with the child. Labor usually is established within twenty-four hours. This method is not suited to cases in which immediate delivery is called for.—Polak's "Obstetrics."

CAESAREAN SECTION

Indications: The cases in which it is performed are: (1) Extreme deformity of the pelvis, in which delivery by forceps and version is excluded, and in which carniotomy is either impossible or would be more dangerous to the mother than cutting into the abdomen and uterus; and in which there is not room for a successful symphyseotomy. Such cases present the "*positive*" indication for Cæsarean section; there is nothing else to be done. Flat pelves

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having a conjugata vera of 2¼ inches or less, and justo-minor pelves with a conjugata vera of 2½ inches or less, present this positive indication; (2) cases of more moderate pelvic contraction in which carniotomy is possible, but Cæsarean section is agreed upon to *save the life of the child;* (3) mechanical obstruction in the pelvis from fibroid, cancerous, bony, or other tumors which cannot be pushed up out of the way or be safely removed; (4) irreducible impaction of a *living* child in transverse presentations; (5) in women dying near the end of pregnancy the child, if alive, is rapidly delivered by *postmortem* Cæsarean section; (6) various other obstructions from inflammatory adhesions, atresia, constrictions, etc., of the vagina, and uterine displacements, may rarely require the operation; (7) recently the operation has been done in eclampsia cases, where more conservative methods of rapid delivery were impracticable; and (8) in placenta prævia, chiefly with a view to lessen the infant mortality attending the usual treatment of this complication.—King's "Obstetrics."

The operation is as follows: Fluidextract of ergot, ℥xx, is injected into the thigh muscles just as the anesthesia is begun. The operator assures himself that there is no loop of intestine between the uterus and abdominal wall, beneath the field of incision. Should a coil of intestine be found there, it is pushed above the fundus. An assistant holds the uterus in central position. The skin incision extends one-third above and two-thirds below the level of the umbilicus. It is best made through the right rectus muscle. The external layer of the rectus sheath is divided, the muscular bundles separated with handle of scalpel and the fingers, and the deep layer of the sheath and the peritoneum divided after lifting them with tissue forceps. Bleeding vessels are controlled by gauze sponge pressure or held by catch-forceps before opening the peritoneum. A short longitudinal median incision is made in the uterine wall beginning at the fundus, avoiding the membranes if still unbroken. This is extended downward with fingers, scissors, or scalpel to a total length of about six inches. The hand is thrust through the membranes and the child is extracted by the head or the feet, whichever is most accessible. In case of anterior implantation of the placenta, usually the hand may best be passed directly through it. The cord is clamped at two points with catch-forceps, cut between them, and the child is passed to an assistant. The uterus slips out of the abdomen as the child is extracted, and the intestines are kept back with hot sterilized towels placed over the upper part of the incision. The coverings help also to protect the peritoneum from soiling. The uterus is wrapped in hot moist cloths. As a rule, it is better not to wholly eventrate the uterus. The placenta, if not spontaneously separated, may be peeled off by grasping it with one hand like a sponge. If the cervix is not sufficiently open for drainage, a large rubber tube or gauze strip is passed down through it and withdrawn from below. Irrigating or mopping the uterine cavity is unnecessary. Asepsis is promoted by leaving it as nearly as possible untouched. The peritoneum is sponged dry with the least possible friction or handling. The uterine wound is closed with deep No. 2 chromated catgut sutures at intervals of about ½ inch. They are given a wide sweep laterally through the muscular wall, falling short of the decidua. The peritoneal coat of the uterus is closed with a No. 1 continuous plain catgut suture, forming a welt over he deep suture line. The hemorrhage is inconsiderable and usually ceases with the introduction of the first sutures—a hypodermic of ergotole should be given before beginning the operation, and one of ergotole and pituitrin on the delivery of the child. Retraction of the uterus is ensured by manipulating it, if necessary, through a hot towel, or by faradism. When there has been much blood lost. a quart or two of warm sterilized 0.9 per cent. salt solution may be left in the peritoneum. The parietal peritoneum is closed with a plain running No. 0 catgut suture. Interrupted silkworm-gut sutures are then passed at intervals of about ¾ inches through all but the peritoneum, from within outward. The fascia is brought together with interrupted No. 2 plain catgut sutures, or with a continuous suture. The silkworm-gut sutures are now tied. The abdomen is cleansed, and the wound covered with a dressing of several thicknesses of dry sterile cheesecloth; over this is placed a thick compress of sterile absorbent cotton. The dressings are secured with strips of zinc oxide

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adhesive plaster, and held in place by a Scultetus binder.—Polak's "Obstetrics."

The anatomic lesions which may be present in prolapsus uteri, are: Lacerated perineum, relaxation and elongation of the ligaments of the uterus, subinvolution, cystocele and rectocele, and laceration of parts of the triangular ligament and various layers of the pelvic fascia.

The perineum should be protected during labor, examined after labor, and if lacerated it should be repaired; subinvolution should be guarded against.

COMMON COMPLICATIONS IN TYPHOID FEVER

(1) *Intestinal Hemorrhage: Symptoms:* A sudden fall of temperature, followed by blood in the stools; there may be collapse. *Treatment:* Ice-bag over the cecum, hypodermic injection of morphine sulphate, gr. ⅛. (2) *Perforation of the intestine: Symptoms:* Sometimes there is severe, sudden pain localized in the abdomen, and sometimes there is little or no pain. Marked tympanites, great weakness, collapse, anxious look, small, rapid pulse, and difficult breathing are present. The legs are apt to be drawn up, and nausea and vomiting may ensue. Hepatic and splenic dulness disappear, and leucocytosis may be present. *The treatment* is surgical; laparotomy, with suture of the intestine, should be done as soon as possible. In the meantime opium (or preferably morphine) should be administered. (Morphine sulphate, gr. ¼). (3) *Bedsores.* (4) *Pneumonia: Symptoms:* "*The first stage* is characterized by sudden onset chill, a sharp pain in the side, rise of temperature, a short and sharp cough, rusty-colored, viscid sputum, and dyspnea. There may be headache, insomnia, scanty urine with diminution of urea, chlorides, phosphates, and sulphates, insomnia, and herpetic vesicles on the face, and there is always an increase in the number of leucocytes in the blood. Physical examination will reveal diminished expansion, impairment of the normal percussion note, feeble or suppressed respiratory murmur, moist or dry rales, crepitation, and sometimes a pleural friction sound. *In the second stage* the dyspnea is more marked; the face is more or less livid in color; the temperature is high (104°-105° F.); and the pulse increases in rate (110–112), its tension and fullness lessening with the progress of the disease, and growing feeble and intermittent. Headache, delirium, and various other nervous symptoms may be present. Expansion is diminished and vocal fremitus is exaggerated upon the affected side. There is dullness with increased resistance over the consolidated lung, and auscultation detects bronchophony or bronchial breathing over this same area. *The third stage* is ushered in by a sudden drop of temperature on or about the fifth or ninth day, followed by a natural sleep, free sweating, and relief from suffering. In this stage the subcrepitant rale (rale redux) is heard in the midst of the bronchial breathing, together with numerous moist rales. Dullness may persist for some time, but usually by the twelfth or fourteenth day the lung has returned to its normal state.—*Medical Record.*

THE EMPLOYMENT OF MORPHINE IN LABOR

To ease or minimize the pains of labor by such means as neither to injure the mother nor child is a main object in the conduct of obstetrical cases. The accomplishment of this aim has been attempted in various ways. At a meeting of the Section of Obstetrics and Gynecology of the Royal Society of Medicine held in the house of the Society on January 6 last, Dr. Louise McIlroy read a brief communication on the use of morphine in labor. Dr. Louise McIlroy was in the Balkans and Near East almost throughout the entire war, first with the Scottish Women's Medical Expedition and afterward for some time holding responsible posts in several hospitals. The communication was based upon the results of the administration of morphine in obstetrical cases occurring in the officers' wives' section of the 82d General Hospital B. Section, Constantinople. Many Turkish, Greek, and Russian women were also admitted

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for treatment. Most of the cases were first cases, they were not selected, but morphine was given in complicated cases, as, for example, malpresentations and albuminuria. No vaginal examinations were made except in cases where complications were suspected. No douching of the vagina was carried out. Morphine was administered hypodermically. The initial dose was 1/6 grain and repeated doses of from 1/6 to 1/4 grain were given at varying intervals throughout labor according to the condition of the patient and her capacity for bearing pain. No excitement nor mental confusion was observed, the patients slept at intervals and awakened refreshed. After some experience of the effect of the drug, it was given with the primary object, not of allaying pain, but of shortening labor. Thirst was increased, restlessness was diminished, the third stage was unaffected, and no risks were apparent with regard to the child. No post-partum hemorrhage was observed, less fatigue and absence of shock caused a favorable convalescence after labor. Moreover, the constant attendance of the medical practitioner was not required, as in the administration of scopolamine-morphine. Dr. McIlroy, as the outcome of her experience, concluded that the results of the administration of morphine in labor were satisfactory and made of this drug a useful remedy in the management of labor. It helped to bring labor nearer to normal physiological conditions. Dr. Herbert Williamson did not agree with Dr. McIlroy with respect to the absence of effect of the drug on the child. According to his experience, if the drug were given two or three hours before the birth of the child, the latter was born in the condition known as oligo-orthopnea. If left alone, it generally came round all right. Dr. McIlroy's patients were mostly neurotic women of Eastern or Russian origin, and it could not be too strongly insisted upon that the repeated administration of powerful drugs as a routine measure was neither necessary nor advisable in ordinary healthy women. Dr. Lapthorn Smith, from a large experience in attending Russian women, agreed with Dr. McIlroy as to their nervousness, and for many years in such cases and in all cases of primiparæ, it was his practice to prescribe a mixture with 30 grains of sodium bromide and 1/4 grain of morphine to the dose, to be given as soon as labor began and repeated hourly for four hours. Nurses had called his attention to the excellent condition of patients after labor in these cases. He laid especial stress upon the importance of not making vaginal examinations during labor except with gloved hands.—*Medical Record.*

PNEUMONIA

The *treatment of pneumonia* depends entirely on the type of case, and the condition of the patient. Routine treatment is the worst of all treatments. Answer the following questions before prescribing: Is the patient full-blooded, and is there present a full bounding pulse? Is this pulse feeble, irregular, or intermittent?

In the first case, in a young and previously healthy adult, if there be cyanosis, or signs of dilatation of the right heart, blood-letting to the extent of a few ounces may perhaps relieve the strain, but more generally treatment should be directed to maintaining the strength from the outset.

In the latter case we can hope for nothing from a depressing treatment, so stimulants must be resorted to, such as alcohol, ammonium carbonate, egg and brandy mixture, quinine, ether, etc. The giving or withholding of alcohol depends upon its effect upon the pulse; should the pulse rate fall and the tongue become moist it may be continued. In asthenic cases, strychnine hypodermically is necessary from the outset, and normal saline may be given by the rectum or by the skin. Oxygen inhalations are used where there is cyanosis, but it is doubtful whether they have saved many lives. When there is evidence of failure of the heart (weakness of the second pulmonary sound, etc.) digitalis should be resorted to. Many prescribe it from the outset.

The diet should consist of milk, beef-tea or broths, white of egg, and so on. The patient should be as little moved as possible, and the bed-pan must be used. As in other fevers, an airy room and good nursing are essential.

Remember that narcotics are not well borne

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in respiratory embarrassment as a rule. Chloral should be avoided, but *if pain be excessive* a hypodermic injection of morphine does *more good* than harm, notwithstanding that theoretically morphine is contraindicated. It should not be given later than the first few days of the illness. The pain may also be relieved by poultices, which, however, are of doubtful use if carelessly made, or by application of ice. Cold packs applied to the trunk only, and frequently repeated, are very useful in relieving both pain and fever. Depressant antipyretics are to be avoided.—Wheeler and Jack's "Handbook of Medicine."

INFLAMMATORY LESIONS OF THE NASAL ACCESSORY SINUSES

Herbert Tilley considers this subject from the point of view of the general physician and surgeon. In dealing with a patient suffering from chronic inflammation of a nasal accessory sinus the practitioner is, as a rule, only too ready to fall into the error of accepting without question or thought the sufferer's own diagnosis of "chronic nasal catarrh," which both tacitly agree to be a more or less incurable inconvenience. This "diagnosis," in the writer's opinion, is responsible for the overlooking of by far the larger proportion of cases of chronic suppuration in the nasal accessory sinuses. As a result it only too frequently happens that the patient drifts on with his so-called "catarrh," the frequently associated headache becomes an additional burden, and the general health suffers in a multitude of ways; on the other hand, to his laundry and to the purveyor of "catarrh cures" he is a perpetual source of income. When the presence of an empyema has been established no time should be wasted with nasal washes, visits to the seaside, or the use of vaccines. There is only one cure for a suppurating cavity in bone, namely, to open it freely, remove the diseased pyogenic membrane, and establish free, permanent, and spontaneous drainage until the mucous membrane has returned to its normal condition. In all cases where an inflamed accessory nasal sinus is under suspicion, especially from the point of view of systemic symptoms, its contents should be submitted to a skilled bacteriologist, who would inform one of the nature and virulence of the secretion.—*Medical Record.*

THE DANISH TREATMENT OF SCABIES

Svend Lomholt gives the details of a method of treatment of scabies which requires only one inunction, twenty-four hours after which the scabies is cured, and relapses are never seen. The ointment used, which was composed by Marcussen, is given as follows: (1) 1 kg. of sublimated sulphur is dissolved at a gentle heat in 2 kg. of a 50 per cent. solution of potassium hydroxide. This makes a clear, yellow solution. (2) 225 g. of vaseline and 225 g. of water-free lanoline are carefully mixed, without heating. (3) To this mixture 375 g. of the solution of sulphur in potash-lye mentioned above is added. (4) Fresh zinc hydroxide is prepared by mixing 28 g. $ZnSO_4$ and 40 g. 20 per cent. sodium hydroxide, and this is afterwards added to the ointment. (5) Liquid paraffin is added to obtain a total of 1000 g. (6) 5 g. of benzaldehyde is added to check the somewhat disagreeable smell of sulphureted hydrogen. The high sulphides of potassium, he says, are the capital element of the ointment, upon which its activity depends, a production of sulphureted hydrogen taking place when the ointment is placed upon the skin. In making the inunction the patient first receives an ordinary cleansing bath, wipes himself thoroughly, and afterwards rubs the whole of his body, except the head, carefully with the ointment, which is almost of the consistency of butter. The ointment must cover all the skin, but hard rubbing is neither required nor desirable. The patient ought to wait for half an hour, to give the ointment time to get into the skin; after this he can go to bed. The next day at the same hour he receives a second bath and fresh underclothing, and the cure is finished. —*Medical Record.*

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Summary Gleanings

NASAL POLYPI AND ASTHMA

The intimate association of asthmatic attacks and nasal polypi is well illustrated by the case of a young woman referred to me for diagnosis and treatment.

Every morning for two years following a minor nasal operation, the exact nature of which I was unable to ascertain, this patient had had a severe attack of a choking sensation, and marked dyspnea. During the past three weeks she had been hoarse. She had steadily lost weight and had been unable to continue her position as bookkeeper. For about a year she had been taking considerable "cough and stomach" medicine, and had had all her upper teeth except the incisors extracted.

I found both nasal cavities blocked with polypi and the septum deviated to the right. Examination of the heart and lungs and abdomen were negative. I removed the polypi and part of the left middle turbinate bone and the following morning she informed me much to my surprise that she had had no asthmatic attack for the first time in about two years. Three months later she returned to me with a slight recurrence and again some small polypi were removed with the same effect. Up to the present time she has had no further attack.—ARTHUR PALMER, M.D., 2178 Broadway, New York, in *Medical Times*.

FORDHAM MEDICAL COLLEGE TO CLOSE

Announcement was made a few days ago that the medical school of Fordham University in New York would cease to exist with the close of the graduation exercises on Thursday of this week. The school has been in existence for sixteen years and was in the A class of medical colleges. During the war it sent over an ambulance and a hospital unit recruited from graduates and undergraduates of the school. Want of funds is the cause of the discontinuance of classes, the annual deficit amounting to over $20,000 a year.

RED CROSS CONVENTION

Plans for a national convention of the American Red Cross, the first ever held, were announced today at national headquarters. It will be held on the Ohio State Exposition Grounds in Columbus from October 3 to 8. President Harding, General Pershing, Chief Justice Taft and Secretaries Weeks and Denby have been invited to attend.

The water supply and sewage disposal facilities of county fair grounds is the subject of a report which has just been issued by the Sanitary Engineering Division of the State Department of Health. The investigation covered 70 county fair grounds. Its importance may be judged from the fact that the total attendance at these grounds during the fair season is approximately a million and a half. The reports with recommendations will be sent to the managers of the fairs with notification to correct any insanitary conditions found.

The supervision of water supplies from which water is supplied to trains and vessels engaged in interstate traffic was one of several important subjects discussed at a conference of State Sanitary Engineers which was called by the Surgeon-General of the U. S. Public Health Service to meet at Boston, June 1st and 2d. Mr. Theodore Horton, Chief Sanitary Engineer of the New York State Department of Health represented New York State.

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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

Vol. XLIII | DR. R. H. ANDREWS' EST., PUBLISHERS | No. 2

2321 PARK AVE., PHILADELPHIA, PA.

ESTABLISHED 1870

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DR. R. H. ANDREWS' EST., Publishers, 2321 Park Ave., Phila., Pa.

Vol. XLIII Philadelphia, June, 1921 No. 4

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"THE MEDICAL SUMMARY"
2321 Park Avenue Philadelphia, Pa.

Entered as second-class matter March 31, 1890, at the post office at Philadelphia, Pa., under the Act of March 3, 1879

THE POLICY OF "THE SUMMARY"

So much has appeared in late numbers of THE SUMMARY that is discordant with its policy and directly opposed to the wishes and purpose of the publisher, that an apology is extended to our old friends who have protested and have been offended by this trend of their favorite journal to which they have looked for advice, help and instruction for many years, and to which they have contributed without stint, much towards the means that have made it a success in the large, difficult and crowded field of medical journalism.

Owing to the protracted illness of one who would have continued the usual and distinct policy of THE SUMMARY following the sad and sudden death of his friend, the former editor, the consummation of the plans of the publisher to this effect have been frustrated, and in order to keep up the regular monthly issue, help was sought from the most readily available source, and, of course, with the belief that no departure would be made in the conduct of the journal from that which has been so acceptable to its subscribers and contributors.

The publisher trusts that these words may have sufficient weight to convince all our offended patrons that the fullest justice will be accorded them in the future, and that their favorite journal will speedily be in accord with their hopes and wishes.

The former contributors are most earnestly solicited to write freely and their articles will find access to the columns of THE SUMMARY at all times.

Coupled with this request the same invitation is given with the same hearty cheer and welcome, to all new subscribers and contributors, and we ask them to give out of the funds of their valuable practical experience short, practical and timely articles that will be of help to their medical brethren and which may also prove of much good to permanent medical knowledge.

Medical knowledge is by no means concentrated in the nominal "medical centers", and over the great expanse of our country there are thousands of toiling doctors whose knowledge is acquired at "first hands" and this truly original matter should find an outlet through the medical journals by which means it will reach many who are looking for the very information conveyed by a short and apparently insignificant article.

It has been the constant aim and purpose of THE SUMMARY to be an outlet of this kind and it has proved itself to be such to a large extent but the field is so long and so broad that it has been unable to reach all parts of this vast area.

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HUMAN FOIBLES

The foibles of humanity have been the mark of wit and satire ever since the emotions have been moved by the vagaries of human conduct. As far as the search reaches back into time, humor is the unfailing record for its glimmerings have come down to the crudest nations. Later people find happiness in the relief and cheer of the lighter vein, a reward that is the right of every life and is enjoyed at all ages.

Life is made up of the weaknesses that show themselves at every angle of existence, and these will not and should not be suppressed. They are shown in the play and frolic of childhood, and they are the motives of the more mature in filling the playhouses of every kind, which serve their good purpose as a pleasant relief from the petty cares that are always present and ready to worry and annoy.

It is a truism that every individual lives his own life to himself, with the aspirations and ideals hidden in the recesses of his own soul, but it is equally the truth that these form the aggregate of life for they are revealed unconsciously and we pass our own time in the atmosphere they create. To other people in other lands the experience for this same atmosphere pervades, brought about by their own habits and customs.

That the conditions will be lighter and easier to endure is a prediction that calls for no prophetic vision; but will this onward flow of life carry with it extra cares unknown and unthought of now to overbalance all the good things it carries with it?

Great problems will present themselves and must be met and solved. And as in all times men equal to the great task will present themselves. The horror of war is the calamitous burden entailed in this generation, and it falls most grievously on the mothers, who suppress the trembling heart-throbs for the comfort of the living, and whose crushed hearts are freshly bruised by the "tramp, tramp" of the survivors as they bear to their last resting places in their own home soil the bodies of their comrades who made the last great sacrifice that right and liberty should remain supreme.

Prescience as to the great progress in material things can be forgone in the estimate of what the future will be in this the growth and advance of matter here. But there will still be the ebb and flow of the tide of time in the insignificant every-day life as compared to the resistless onward flow in world affairs as they affect the entire universe, the mystery of which flow is still as deeply in the shadows and beyond human comprehension as when man first became conscious of his own thought and surrounding.

The future! what will it bring forth to the inhabitants of our planet? Sudden new revelations, or that which comes in the daily grind that makes for progress by adding day by day the sum of this ceaseless toil? Will the leaps of science span the space dividing world from world?

Bewildering to the limits of the intellect of man today, will it reach the required compass tomorrow?

As these lines are being written the eye sweeps over a scene of beauty, harmony and quiet enticing and alluring to the spirit of prediction. It breathes the future in its unspoiled, primitive purity in the giant oaks, the enduring rocks, all encompassed by a brook that has eaten its way into the soil and now coyly reveals itself by the glimmering surface in view that sparkles and ripples in the afternoon sunshine. It seems to peep over the verdure-fringed banks to tell of the joy it brings to all who love that which is beautiful and enter whole-souled into the spirit which rules there supreme.

But despair and disaster have found their way into this paradise and are typified in the fallen and decaying branches, the withering and dropping leaves seared by the first frosts of the coming winter before whose steady approach all the beautiful vegetation of summer will perish.

All these types of life are open here to the observing and reflecting as in a book whose leaves are ceaselessly turning and the contents of which are illuminated at all times by the light that never ceases. High above all such somber reflections sounds the note of joy, hilarity and cheer of normal hearts and minds, and joy pervades the earth as the beaming sunlight that is but another name for all these blessings that flow out of its glory and beneficent power. Our world is a happy world, and such it will remain

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Obstinate cases of constipation have been cured by drinking as much cold water as possible.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

VITAL FACTS IN DIET

By Axel Emil Gibson

1. Is there any real scientific need for meat in the human dietary?

The question of meat or no meat in the human diet must be answered from the same specific viewpoint as that of the non-breakfast plan—the point of disposition and adaptation. The nervously high-strung, whose every function, from their muscular lever action and vascular circulation up to their mind-life and emotions, are vitally and psychically combustive, may frequently need the static magnetism of the stolid animal to subdue the combustion of their ungovernable nerve energies. And, furthermore, as typically nervous people are found to generate an excess of hydrochloric acid in their gastric secretions, and meat, especially beef, acts as an acid shock-absorber in the system, it would follow that in cases accompanied by more or less pronounced symptoms of neuralgia, neuritis, and general forms of neurasthenia, a judicious indulgence in meat may be beneficial. On the other hand, the constitutionally quiet and easy-going individual, whose mind and action is subdued and whose emotional life is either on the animal plane itself—and consequently needs no extra animality to sustain his functional balance—or is operating on a plane of consciousness, where the nerves, the emotions and the will are constitutionally balanced, have no need of the ballast of animal magnetism. The substitute for meat in cases where the individual either has grown out of the meat necessity or not yet grown into it is found in egg, milk, cheese, grain, beans and nuts.

2. What effect has the egg upon the system?

Eggs can be enjoyed with safety only where the liver and kidneys are found to be in a perfect condition. Should these organs, however, show any signs of weakness, eggs should either be entirely abandoned or used only in form of vegetable dressing, beaten up in its own volume of olive oil, to which may be added a few drops of lemon juice. The extreme percentage of fat and albumen contained in the egg may easily exceed the need of the system, unless the individual is engaged in strenuous muscular work that keeps him out of doors.

The albuminous part of the egg is a biologic quarry out of which the growing chick finds building material for the construction of its future dwelling place—the body, with all it bone, flesh, blood, feathers, claws, etc., while the yolk of the egg furnishes food and fuel, sufficient to cover the daily expenditure in wear, tear and energy of the unfolding entity, during a period of some twenty days—the time of incubation! This means that the egg, with its storage of nitrogen in the albumen, and carbon in the yolk, brings upon the ordinary consumer such an excess of protein and fat that his system would break down under the unmanageable and decomposing, because of unneeded mass of nourishment, were it not for the fact that albumen, by being whipped into an emulsion of atmospheric oxygen and lemon juice (citric acid) is practically indigestible to the gastric juices of the ordinary stomach. However in cases where the digestion is powerful and therefore capable of insuring a large percentage of assimilable nutriment the result is sooner or later manifested in the various forms of liver and kidney disorders, with subsequent attacks of rheumatism, neuralgia, catarrh, swollen tonsils and stiff joints. The condition of a person's interior, loaded with an excess of inassimilable, hence decomposing mass of egg can readily be imagined, when realizing that a decomposing egg is not less rotten and forbidding when festering in the body than in the garbage can. In any case

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from a general standpoint of health it is safe to say that three eggs per week should be the limit of egg in our diet.

3. Has fruit a constructive value to the organism?

The value of fruit to the system is largely found in its power to energize the tissues. The natural sugars contained in the fruit, by exploding the the body tissues, release the vital energies of the digested foodstuff and converts protein into actual muscular strength. On the other hand, in possessing a large percentage of organic salts, such as magnesium, sodium, potassium, phosphorus, etc., the fruit, through its chemical affinity for poisons arising from waste and decomposition such as ammonia, uric acid, carbonic acid, oxalic and fatty acids, has the power to neutralize and safely conduct these acids out of the system. Hence the consumption of fruit is especially beneficial to those who are victims of autointoxication, resulting either from a too heavy nitrogenous diet or to air in badly ventilated rooms surcharged with poisonous emanations.

4. Should fruit be enjoyed at the beginning or the end of a meal?

If we want to receive the best value of fruit it should be enjoyed by itself, either as a complete meal, or at the time of retiring, some three hours after the last meal of the day. It is especially important to avoid to eat fruit in connection with meats of any kind, as the latter for its digestion requires the secretion of fluids which will not flow in the presence of fruit. Meati s digested in the stomach through the action of the hydrochloric acid, while fruit is digested in the duodenum (the second stomach) mainly under the action of pepsin and pancreatic secretions. Hence digestion responds only to the appropriate stimulation, and fruit, so far from stimulating the hydrochloric secretions required for the digestion of meat, inhibits by its very presence this very secretion andl eaves the meat to the expediency of an imperfect intestinal digestion. For nature responds only to the call of necessity, and as the fruit brings along its own acid, there is no demand for the secretion of any gastric (hydrochloric) acids, thus interrupting the digestion of the meat.

If, on the other hand, we combine fruit with starches we will have to meet the difficulties of fermentation and alcoholization that always arise where sweets, starches and acids are brought to act upon each other. And while a strong stomach, backed up by powerful vital reserve forces, may succeed in partially overcoming the fermentation, the effects will be visible later in life, in the premature old age and decay that follows an injudicious mode of living.

Los Angeles, Cal.

MALARIA AS A COMPLICATION IN DISEASE

By J. R. Etter, M.D.

Malaria is one of the most common complications in all diseases that we have to contend with, and physicians overlook it more than any other condition. In this part of the country, and indeed in all parts of the United States, there is a sneaking malarial condition lurking in a majority of our cases, both medical and surgical.

We often hear of diseases that have a periodicity, such as typhoid fever, where the temperature is higher generally of an evening, and it is said to be a characteristic of the disease. But if a vigorous antimalarial treatment is carried out, the stated evening exascerbation will not occur, and the temperature will run along about the same, at least there will be no certain time for it to rise.

In more than forty-five years' study of disease, I have found only one thing that will cause a certain set of symptoms to come up at a regular time, either once a day, twice a day, or every other day at a certain time, or every third or fourth day, owing to the type of malaria in any given case. The study of malaria has convinced me that there is something in the germ theory of disease. Hundreds of times I have observed that in a given case certain symptoms would be developed or exaggerated at a certain time every day, and every second or third day they would be much more pronounced, at the same time, than on preceding days. This is easily accounted for on the theory that there is a colony of malarial germs in the patient's system that mature

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every twenty-four hours, and thereby cause the symptoms to occur once a day at a stated period. Then in the patient at the same time is another type of malarial germs that takes forty-eight hours to mature, so that every other day the two colonies exert their baneful influence and the spell is worse, or the same thing would occur every third day if it was that kind of a colony in the patient's system.

In my early practice I had a case of fracture of the femur, which I adjusted very carefully, giving the necessary instructions as to its care, as the patient lived some five miles from the office. The second day after the adjustment I saw the patient and he was doing well, had but ittle pain—this was in the forenoon. and about the middle of the afternoon they sent for me, saying that he was suffering severe pain.

I went and examined the case, but could find nothing abnormal, even took off the dressings to be sure that there was no displacement. The pain was such that I gave him an anodyne, and in the course of two hours he was clear of pain, and remained so until the same time on the second day, when the again came for me, saying his pain was worse than on the previous visit. Remembering that the pain had come at the same time in the day that it did two days before, and even in this early period of my practice I had recognized the periodicity in many other diseases, which, by a vigorous antimalarial treatment, had disappeared, I gave this patient antimalarial medicine and there was no more pain spells during his convalescence.

Another patient had a diarrheal attack every third day, and at the same time of the day, lasting two or three hours, and antimalarial treatment cured the case in a few days. Our authors in describing diseases, such as pneumonia, tell us that there will be certain times when the patient will experience certain symptoms, and tell us that it is a characteristic of the disease, when in fact it is malaria that brings up the symptoms at stated periods. When a patient has any variation of symptoms from time to time, the first thing I try to decide is—do these symptoms come about the same time in the day, or do they come every other day, and if they do, then I am sure it is on account of malaria in his system, and if it is allowed to continue, the original disease will be more stubborn to handle, and in fact will be almost impossible to cure.

Regular periodicity is the sole guide as to the element malaria, and not certain symptoms, as no two cases will have the same symptoms. One may get sick at the stomach, another may have headache or a pain in their big toe, while another may have a sweating spell with regularity.

Since this section of the country has been cleared up and thoroughly ditched, we seldom have the old-fashioned chills like forty years ago, that is, it does not manifest itself by the regular course of chill, fever, sweat stages, so it is much more masked and periodicity of a train of many symptoms is the only thing we have to go by.

Any one who handles many chronic cases will observe that there are certain times in the day, or on several days of the week, when the patient will complain much more than the rest of the time, and in those cases malaria is the sure cause. Then I have discovered a type of malaria that has not been described, and that is a seven-day colony of germs.

A few years ago, was called to see a case on Sunday night. The woman was vomiting, had high temperature, severe pain and delirious. I was not able to discover any cause for the condition, but she told me that the Sunday before she had a similar attack, but not so bad. Under the treatment I gave her, she was well during the week, but on the next Sunday night they sent for me again, when she was even worse than the previous time.

I then decided that as it was coming at regular periods, it must be malarial, so I ordered her to report the last of the week, and when she did so, found that she had been as well as common, but gave her a heavy round of quinine to take Saturday and Sunday, and she missed the spell, then told her to report again last of week, but she was feeling so well that she did not do so, and the usual spell came on her Sunday night. After this for several weeks, she did not fail to get her usual supply each Saturday, and had no more attacks.

This case, as some others I have since had, proved to me that there were malarial germs that took seven days for them to attain their

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growth, and that if each colony were destroyed before maturity, that the patient would get well and be immune. I have found no type of disease that malaria will not retard and aggravate recovery, so keep your eyes open to any train of symptoms that come at a regular period, and treat the malarial element, and you will be surprised at the better success you will have.

Crawfordsville, Ind.

THE SCIENCE OF THE CHIROPRACTIC

By John C. Warbrick, M.D.

The chiropractic school of treatment certainly has a great deal of faith in its own methods of treating diseases when it quotes the following figures to show the success they have had in treating patients. These figures, of course, are accurate according to the chiropractic way of thinking and reasoning.

Medically treated one death occurs out of every 16 cases.

Osteopathically manipulated one death occurs out of 127 cases, about eight times less than when medically treated.

Chiropractically adjusted one death only occurs out of the large number of 886 cases.

This is the latest information about the new so-called scientific method of treating the body according to an advertisement found on a page in *The Physical Culture* magazine so that on this basis the matter may be discussed.

Full justice is done the chiropractic school in this advertisement you may be sure, the chiropractor being much the same as the osteopath only better, of course, and about eight times in practice while the poor medicals fall far short in the method of treatment.

The figure is a big one for the chiropractor but the general practitioner sees as many cases and ten times more in the course of a year.

It must not be forgotten there are numerous kinds of chiropractors who go by various names according to the part of the spinal column that is treated so there is the naprapath, the hedgepath, the spondylopath, the vitapath, the neuropath, etc.

An adjustment of the ligaments or bones of the spinal column, when out of place, which is called a lesion, is about all there is to this scientific treatment of the chiropractor. This is supposed to cure all of the ailments of the human body and some marvelous results have been produced and reported where everything else failed.

It seems according to a lecturer that the human body contains a combination of matter and fluidic or vital force, the matter being controlled by this flowing vital unknown force or phenomena. Now chiropractic science is supposed to relieve pressure on the spine at some part as a means of either permitting adequate flow of the force or fluid or of decreasing it when it is too vigorous. This is called adjusting and preserves the health and mind of the body or is supposed to do so. Chiropractic science never cures it, only adjusts and it is nature that makes the cure.

Now what absurd figures to quote in an advertisement to boost the chiropractic method of treatment as superior to all others when the figures are not correct. Chiropractors, of course, perform miracles and will make almost any kind of an absurd claim for their method of treating the body.

A chiropractor, of course, only treats the easy cases he thinks he can adjust and as he never treats serious cases why, of course, extravagant claims are made by quoting big figures for cures.

People will die anyway no matter what treatment they get and no chiropractor living could do any adjustment to save them.

The chiropractors have a good loophole to jump through by claiming they only adjust and never cure. They leave that to nature so if anything happens they are not to blame, but any way they never see the worst cases and even if they did they could not treat them.

Chicago, Ill.

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THERAPEUTIC FACTS

By Eli G. Jones, M.D.

In albuminuria when the following symptoms are present: rapid pulse but weak, appetite poor, *dirty white* coating on tongue, stomach *full* and *doughy* to the touch, accumulation of gas in stomach and bowels, *night sweats* and *œdema* of extremities, the above symptoms point to one remedy:

℞ Tr. apocynum can..... gtts xx
Aqua..... ʒ iv

M. Sig.—One teaspoonful every two hours. The above remedy may cause nausea, then we may give tr. ipecac 1stX 10 drops in four ounces of water; teaspoonful every two hours in alternation with the above remedy.

Under the above remedies the appetite *improves*, the edematous condition subsides, and the amount of albumen daily decreases until in a short time it entirely disappears.

This remedy will not cure *all* cases of Bright's disease, but it will do good when the patient has the *above symptoms*.

You may be asked to prescribe for a child that has all the symptoms of a bad cold. The cough does *not* yield to *ordinary* remedies. There may be cases of whooping cough in the neighborhood. The best treatment will be tr. aconite 3dX 15 drops in half a glass of water. To this add tr. ipecac 2dX 15 drops. Give a teaspoonful of the above mixture every hour. It often happens that no other medicine is required. If the cough should become spasmodic with a "whoop" to it give 10 tablets (ten grains) magnesia phos. 3dX in cup half full hot water, one teaspoonful after each coughing spell. There are other remedies indicated in whooping cough but I like the above treatment.

A lady came to consult me; she had a very bad cold with sore throat, and complete loss of voice. I prescribed kali mur. 3dX 15 tablets in half a glass of warm water, teaspoonful every hour. In four days she informed me "that the sore throat was better and she could talk as well as ever."

I have oftentimes woke up in the morning with a sore throat, took one or two doses kali mur. 3dX and the sore throat was all gone. The above remedy is the first remedy we think of in canker in the mouth.

The editor of one of our medical journals said to me: "Doctor what is your remedy to break up a cold?"

I said, "Aconite is my principal remedy. I put three drops tr. aconite in half a glass of water. Take a teaspoonful every half-hour for an hour, then every hour. The more 'stuffy' feeling there is in the nose the stronger the indication for aconite. Then I put my feet in hot water and keep them there for fifteen minutes. Also drink two or three glasses of hot lemonade. I go to bed covered up warm and sweat the cold out of me. The above has been my treatment for a 'cold' for over fifty years. It will break up a cold every time."

If we could get a case at the very beginning when the patient has "chills", then tr. camphor is the remedy; five drops in half a wineglass of hot water, one or two doses will be sufficient.

When a person tells you that they have "chilly spells", the above remedy is the remedy indicated. In some old chronic cases you may see a red tongue, flushed face. pulse full and soft. The above symptoms point to congestion or inflammation somewhere in the body, and it indicates *one* remedy: ferri phos. 3dX, three tablets every two hours. It is Nature's warning and you will do well to heed it.

In loss of voice from congestion of the vocal cords, the remedy is tr. ipecac 6th X ten drops every half-hour until the patient can talk.

For that *tired* headache, from study, worry or shopping, the remedy is kali. phos. 3dX, three tablets every hour until *relieved;* one or two doses generally *relieves* the headache. It should be remembered that kali phos. is one of the chemical constituents of the gray matter of the brain from which we receive our intelligence. From this you will understand the *great* value of the remedy as a *brain* and *nerve food.*

I want to urge our readers to study materia medica, for it is the *solid rock* upon which we must build our knowledge of how to treat the sick. The fad of treating disease by *serums*, like other fads, will have its day and become obsolete as other fads have. Then the doctor who *knows* materia medica will get the practice. When a doctor knows the true, the definite

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indications for each remedy, it enables him to prescribe for the sick intelligently, rapidly and successfully. A doctor who is building up a reputation upon the cures that he makes is building upon a solid foundation. Each cure that he makes binds the people more closely to him.

Buffalo, N. Y.

THE MEDICAL SUMMARY:

Kind friend, yours of September 23d just received; delayed on account of wrong address. I am sure pleased to learn that the SUMMARY is still alive, surely wish it success. During the time of my kind friend, Dr. Andrews (I call him a friend because he acted it), the SUMMARY was an honor to its editor; it was full of practical facts, always instructive for me. I miss it. I am now near seventy-six, just in the prime of life, and if I live to the real mature age of man (a century) I expect to feel young. The idea of getting old during life is nonsense, although I am carrying some of the heaviest burdens of life—the heaviest is financial ruin—but I grin just the same.

At nine last night I was called to ride on horseback twelve miles over the mountains of southeast Ozark region of Missouri to reduce a fracture of an arm. I did the job successfully and was back at home at 3 A. M., gay and happy as the big sunflower that nods and bends in the breezes. A stall-fed doctor could not have done that. Have another call just now to treat a complaint very common a few years ago, but not in the past seven years, stomach trouble you know.

By the way, health is pretty good in this section and the reason is very plain. For seven years farmers have almost failed to produce any trashy vegetables or any kind and but little grain and people have to live on primitive food—corn bread, milk and butter, squirrel and rabbit. With such food they cannot make swill tubs of their bellies and the result is the doctor misses some good fees as nine-tenths of disease common to this country originate from stuffing alimentary machinery with too much food and some of it that hogs would not eat; green cucumbers for instance, green melons, etc.

Americans are the greatest hog-eaters in the world and suffer most from indigestion, dyspepsia, belly-ache and all the evils originating from depraved appetite and die at middl age. Children with only teeth enough to partly masticate it are fed all the pork they want for supper, roll and toss all night, get up in morning with dysentery, bloated bellies, sour stomach, sallow skin, and in a horror of a fix. Generally the doctor is called but the child dies. The doctor is cussed and child welfare advocates wonder at the great infant mortality.

T. C. Estes, M.D.

Barren, Center County, Mo.

RELATIVE VALUE OF RADIUM AND SURGERY IN THE TREATMENT OF TUMORS OF THE PELVIC ORGANS

J. G. Clark (*Ann. of Surg.*, June, 1920). This report on the results of radium therapy from one who is primarily a surgeon, is of particular interest to the general profession. The experience of Dr. Clark and his staff at the University of Pennsylvania Hospital is sufficiently broad to give great weight to his conclusions which as yet are stated conservatively but with increasing definiteness in each report. As regards myomata, modern surgery offers such excellent results and with such low mortality, that there is not great demand for non-operative treatment. In the author's clinic, operation is selected for the larger tumors and those presenting special complications, in other words for the more serious cases. Their mortality was only two per cent. for the last 100 patients, yet during the same period 110 tumors were treated satisfactorily with radium with no mortality, and practically no morbidity. Degenerations and malignant complications present special problems. (1) Cancer of the fundus complicated myomate in four per cent. of 850 cases, but the correct diagnosis had been made previous to operation in practically all. The type of bleeding is differentiated between myoma which is rarely destructive, causing menorrhagia with clean-cut intermenstrual intervals; and cancer, which soon causes destruction of mucous membrane and is associated with metrorrhagia or intermenstrual bleeding of varying intensity. The author feels that with ordinary care there is slight danger of overlooking cancer. (2) Certain benign degen-

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erations give more concern, due to absorption of toxic materials resulting in cachexia and anemia not accounted for by loss of blood. The author believes that such absorption from liquefying tumors after radium is not desirable. Also, that large tumors undergoing hyaline change are not greatly affected by radium. Therefore he does not advise radium for myomata larger than a three months' pregnancy. (3) Sarcomatous degeneration he regards as exceedingly rare and not a serious contraindication to radium. He excludes from such treatment the following types of cases. (1) Tumors exceeding the size of a three months' pregnancy, unless there be marked contraindication to operation. (2) Cases with symptoms of inflammatory lesion, marked unilateral pain or tenderness, since there is serious possibility of stimulating dangerous activity. (3) Patients with nearly normal menstruation who show definite cachexia or anemia. (4) All cases with symptoms of co-existing abdominal surgical lesions. In other words he accepts for radium, only those patients with relatively small tumors causing menorrhagia as the chief symptom. In young women operative treatment is favored, since many cases permit of simple myomectomy, or at least, the menopause may be avoided. When radium is used in such cases, mild doses are advised, and repetition if necessary. Result of 150 patients treated with radium, only four were unrelieved and required subsequent hysterectomy. The menopause is abrupt, especially in the anemic. With cancer of the cervix, radium treatment is more popular on account of the large number of inoperable cases, high operative mortality, and frequency of recurrence. As with operative treatment, there is great variation in results with radium. However the author has a number of advanced and seemingly progressive cases which cleared up with radium and have gone several years without recurrence. The following considerations are emphasized. Bleeding and discharge are usually controlled. Pain may occur after radiation but is not as severe as with the untreated cases. Propaganda should teach that while early cancer is painless, late cancer is always accompanied by severe pain. Fistulae, vesico-vaginal and rectovaginal occurred in a few instances, but less frequently than in the untreated. Operation is advised in frankly operable cases, though there is greater tendency to limit the field of operability and use radium for doubtful tumors. Brief radiation is used previous to operation. Operation is not advised following marked improvement from radium because surgery has little more to offer, the scar tissue resulting from radium, renders dissection of the broad ligaments difficult, and there is danger of stirring up and implanting cancer cells which have been encapsulated. Conclusions: (1) Radium is the treatment par excellence for inoperable cases. (2) Borderline cases are treated with radium rather than subjected to the risk of radical operation. Early cases are operated on, and followed by post-operative radiation. (3) Cancer of the fundus even advanced is treated with hysterectomy except in the face of grave contraindication. As yet the author can claim no cures but hopes soon to report some who have passed the five-year period.—*Minnesota Medicine.*

EUPATORIUM

The pleasure and satisfaction of living the rural life seem to increase instead of diminish as the full appreciation of the endless chances for observation of living with the plants in their own environments grows upon the mind.

This sense is forced upon one also by the knowledge that our admiration for plant life is not restricted by the beauty of one plant over the other, for the deeper we delve into these investigations the more are revealed the underlying causes of renewed interest in the one we are trying to describe.

Boneset, eupatorium perfoliatum, does not form a large group, and claims only a few varieties and these themselves in a wide space, so that the seeker may find all varieties in various parts of the world. Although not so extensive in the home treatment as to be known to all, it surely is open to the claim of the oldest healing herb in the history of favorite remedies.

Even Obstinate Cases of Constipation—Mhatre has found Prunoids a very efficacious and certain remedy to overcome constipation even in the most obstinate type in all ages. Indeed he very frankly says it is really a boon to sufferers from constipation.

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THE OLDER VOTARIES OF ANATOMY AND THEIR NOMENCLATURE

Many of the names given in days gone by to distinguish the various parts of the human frame have been changed in the latest editions of the classical works on anatomy. In many instances these alterations have been made in the cause of accuracy and correctness, but in some instances the reasons for this revision of nomenclature do not appear to be altogether sound.

In several successive issues of the *Medical Press and Circular*, beginning with March 23d, Dr. Charles A. Beck discusses the subject in a series of scholarly and interesting articles. While fully appreciating the improvements in the modern practice in anatomy, as regards both text and illustrations, he aims some criticisms at the new terminology. After pointing out that the carpal and tarsal bones have alien names and that many muscles and ligaments share a similar fate, and allowing that such a change in nomenclature may have much in its favor, he deprecates the omission of the names of the old anatomists hitherto appended to the parts discovered and first adequately described by them. He is of the opinion that their discoveries are worthy of a patronymic accompaniment, and he further holds that the half-harted way in which these names are put in brackets before giving them the *coup-de-grace* into the Lethe of oblivion, intended presumably as an apology, is really rather in the nature of an insult. "Few will be the number of students who, in future, may bother their heads about the old pioneers of anatomy whose names were for centuries linked to their respective discoveries. Thus we find ligamentum inguinale for Poupart's ligament, the Eustachain tube is now tuba auditiva, the Fallopian tube, the tuba uterina, and so on." The writer is inclined to regard this omission of names of discoverers as a *jalousie de metier*, since dissectional anatomy has nothing new for the knife of the present-day dissector.

Some of the old-time anatomical terms were of Biblical origin, as, for example, pomum Adami, morsus diaboli, lyra Davidis, musculus religiosus, *i. e.*, trapezius, which beats a fanciful resemblance to a monk's cowl. The older anatomists searched long and earnestly for the soul, but failed to find it, or even with any certainty, its seat. Cartenius once thought he had discovered the seat of the soul of man in the pineal gland, but later realized that it could not be confined there.

Another enthusiastic dissector earnestly endeavored to find the soul of woman (although the Koran teaches that they have none), not in the brain, but in the pelvis, but finally gave up the quest in disgust and signalled his failure by a Greek compound longer even than the word, beloved of sophomores, for hash. Beck's review of anatomical nomenclature is instructive and entertaining, and the plea made for the preservation of the names in anatomy hallowed by tradition—that is, when they do not offend against accuracy—is well intended and will doubtless commend itself to many medical men. Some of the changes in nomenclature are obviously for the better, but many of them, "made in Germany", are simply iconoclastic and based on inadequate reasons.—*The Medical Record.*

Monobromide of camphor, two grains, acts like a charm, given on going to bed, in sleeplessness.—*Medical Herald.*

We had many sub-tertian cases of malaria in Salonika, and naturally not a few of the cerebral type. These cerebral cases are best treated by heroic doses of quinine intramuscularly and intravenously. We gave as much as 60 grains in three intravenous and 40 or even 60 grains by the muscle within 24 hours, diminishing to two-thirds of that amount on the second day and, if possible, still less on the third and following days. In all cases where either intramuscular or intravenous quinine was given we changed to oral administration as soon as possible.

I never tried the subcutaneous method, and as it requires to be given in very dilute solution so avoid necrosis and pain, I cannot believe it to be of practical value.

In Salonika we were limited through force of circumstances to the sulphate of quinine for our use, but I much prefer the bi-hydrochloride when it is obtainable.

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SOME NOTES ON TREATMENT

By W. B. Secrest, M.D.

Anent the article by Dr. Spain, "30 X," March issue, this is a pretty hard and difficult proposition for a man who is not a homeopath to believe. And I am not a homeopath. Still I do not say I do not believe it.

Some years ago a doctor wrote an article for a Chicago medical journal giving the symptoms of a case of pneumonia, and the symptoms as he gave them showed very clearly the patient was very sick. He invited the different schools of medicine as represented by the readers to give their treatment of the case. I recall I followed the articles pretty closely, and will say I never knew before there were so many different ways to treat pneumonia. When the returns were all in, the doctor stated he had given the patient one dose of 1/100000 grain of sulphur. That made me laugh. I made up my mind, the patient was at the turning point, and that size dose of anything would have no bearing on the case one way or the other. I never could understand in those days where the homeopaths got all their faith; I was unable to figure it out in any other way but faith.

To a man who had been taught to give the galenicals in enormous doses, as I had been, I could not conceive a doctor trusting the life of his patient to those small doses. It required more courage and faith than I possessed at that time.

I have since discovered a doctor must have an open mind. If he has not, his usefulness will be limited. If we approach the treating of the sick with an open mind, we must give all schools of medicine the credit of being able to cure the sick. Or we must give the human body the credit of being a wonderful machine, which it is, to be able to survive the different methods of treatment or mistreatment, put it any way you like. When we come right down to facts, we do not and cannot cure, we can only assist nature, and the practice of medicine, or the treatment of the sick, is simply a matter of knowledge, experience and judgment, and I might say tact in handling the patient and his or her friends. But, we can assist nature to get back to normal, and there are many ways of doing so. Some use medicine, some surgery, some other ways, but all are trying to reach the same end, though using different means.

Abrams, whom I have spoken of before, and who is a regular, hooted the idea of similia similibus curantur until he proved to his own satisfaction that there was something potential in homeopathy. He claims, and proves it with the biodynamometer, that the higher potencies release more energy or give the remedy more power, or ohmic resistance, or increase the vibratory rate, if you get what I mean. It is his theory that the body and every organ in the body has its own vibratory rate. Disease changes this rate.

I realize now I am getting in deep water and do not know whether I can explain this so you will understand. The body gives off energy, positive or negative. This energy may be transferred by means of conducting cords from one organ to another; say, from the heart to the stomach; and this energy will dull the stomach, then by means of a bar magnet, you ascertain whether the energy is positive, negative, neutral, or positive and negative.

Certain diseases will give off certain energy from certain organs. For instance, take syphilis, which gives off neutral energy from the liver, spleen and spine; so does tuberculosis give off neutral energy. Cancer gives off positive energy from the site of the lesion, and he will treat these diseases with remedies having the same vibratory rate as the disease. As I understand it, he ascertains the vibratory rate of the remedies in the same manner as he does the rate of the disease. His pathology is based on the electron, and not the cell, and his books make very interesting and instructive reading. Abrams measures the resistance of disease in ohms. The greater the resistance naturally the more serious the disease. He claims syphilis with a resistance of 2/25 ohm is quiescent and needs no treatment.

Syphilis

His method of treating this disease is unique. It is as follows: Concuss the 2d lumbar and 11th dorsal for three minutes. Beginning with the 2d lumbar concuss one-half minute; then the same over the 11th dorsal, and repeat. This

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treatment will reduce the resistance of the disease 2/25 ohm in two weeks, when it is quiescent and needs no further treatment, Abrams states.

Myocardium

A simple way to test the myocardium ; Place your finger on the pulse; with finger of the other hand press on 7th cervical. If the heart is sufficient it wi l take very strong pressure to inhibit; if not strong, very little pressure will inhibit, or energy from the finger, pointing directly to 7th cervical, and not touching, will inhibit.

In gallstone colic concuss over 4th, 5th and 6th dorsal. To dilate gall-duct concuss over 9th dorsal. To increase kidney action concuss over 10th dorsal. To relieve sick stomach concuss over 5th dorsal.

I might go on and tell you more things to do, but office hours are about over and I have some more spading to do in my garden, and I believe I need a little physical exercise.

Logan, Utah.

ONCE MORE ABOUT LABORATORY WORK

By S. R. Klein, M.D., Ph.D.,
Professor and Director Laboratory, Duquesne University
Pittsburgh Pa.

No correct diagnosis without laboratory work and especially the competent one, of course! I cannot see my way clear, how else it can be done? On the surgical line, as well as for internal medicine and obstetrics, the Abderhalden test, if it is made correctly, makes it possible for the attending family doctor to inform the "lady of the house", eight days after fecundation took place, that she is on her "family way" again—eight days! Short term! The shortest given by the calendar of obstetricians! I possess in my laboratory a pregnant ovum—eight days old! A miracle! Hard to believe it! The recently so wonderfully developed blood chemistry convinces us and paves the road to the practitioner to know it one, two or three weeks in advance, if and when his old customer will suffer from malaria, pneumonia "and regular" or typhoid fever, as certain pre-occurent micro-organisms will always be found, the so-called "vorlaufer," as the scientists say, of the nest to be entering Pneumococci, tyhpoid bacilli or especially very vehement protozoa, responsible for different forms of malaria. I read in a foreign journal, published about a month ago, that Wohl and Reich by their wonderful cytolytical and agglutination tests predict, if a certain human being will be attacked and infected by lues or not, if his past resistance minoris is weakening and a morbid liquid is menacing its blood corpuscles—after fact: the Wasserman reaction! For prevention take Wohl-Reich test and advise your patient what is going to happen to him just as well as the good astronomer is able to say one or two days ahead if lightning, thunderstorm, etc., will take place or not. If our great scientists are going to succeed and continue their wonderful, superhuman work, then I shouldn't wonder that they will discover some day how the human being can be created outside of the uterus and probably without any adjuvants. That a man, belonging to the Rockefeller laboratory is able to show a frog, created "artificially" is a joke only for the present—but in the future I wouldn't think it's impossible.

For our practitioners, and especially the commonsensed readers of our Medical Summary it would mean wasting time and columns to interfere with their valuable time by this kind of publication; all that I wish to say is that the modern laboratory man controls the entire field of medicine and surgery. I saw many appendicitis cases, bad and good ones, where, had the surgeon paid more attention to the laboratory reports, far better results could have been reached and the patient's life saved. It is not satisfactory to say that so many leucocytes are found, and pus, and bacteria in the blood, but the vital power of the blood should be taken into consideration in all of these cases and I am sure, some day, the serum work will do the rest, or the surgeon will not be needed at all. Similarly to kidney cases, where excellent results were obtained in the Paris Hotel du Dieu (Hospital) on war veterans with the aid of bacteriological autogenous vaccines, especially in such

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cases where bacteria were found in large quantities by the billions, the more the better. And I surely can say, that these autogenous vaccines are the greatest discoveries in medicine of the twentieth century.

CHILDREN OF A LARGER GROWTH

During the war, about 1,700,000 recruits were examined by psychologists and classified according to the intelligence revealed by them. H. H. Goddard believes that these men constituted a fair sample of the general population, and that from the results adduced by the army psychologists we may figure out some applications for the one hundred millions of Americans.

Goddard therefore classifies the intelligence of the population into seven grades. Of these, a small group—four and a half per cent.—attain the mental age of nineteen. This Goddard regards as a superlative standard. Seventy per cent. never exceed the mental age of fourteen, and ten per cent. are classified in the ten-year-old class.

All things work together for good. It was a splendid thing that the psychologists of the country were ready when the war broke out to test and assay accurately the intelligence of such a large group of citizens, for the possession of such data as we have referred to, especially as applied to the general population, clarifies many social problems.

This kind of research throws a strong light upon the ease with which the American people can be preyed upon by politicians and other shrewd gentry, who, long before the psychologists appeared upon the scene, had their own occult and intuitive methods of gauging public intelligence. Medical and religious quacks, entertainers, propagandists of the militarist and prohibitionist types, social agitators of the sinister sort, educational charlatans, and proponents of freak cults have been able to carry on their projects with orgiastic intensity. Why not, with so large a proportion of the population inviting them to do their worst?

If the public were not in such large part childlike there would be no chance for the uplifter, welfare folk, philanthropist, charity worker, and paternalist. A community that would stand for health insurance, for example, would also stand convicted of feeblemindedness.

AND THE SPINAL COLUMN HAS NOT CHANGED

By George L. Servoss, M.D.,
Editor *Western Medical Times*

Between 300 and 400 years before Christ, there lived Hippocrates, a physician, and it is he who has been called the Father of Modern Medicine, for it was he who, without a doubt, really placed medicine and surgery upon a scientific basis and removed it from the realms of mystery.

The fact that The Medical Summary has been publishing some articles, pro and con, relative to chiropractic, suggests a quotation from the works of Hippocrates, for he must have had about him something similar to chiropractors. Regarding the luxations of the spinal column, he speaks as follows:

"In cases of displacement backward along the vertebrae, it does not often happen, in fact, it is very rare, that one or more vertebrae are torn from one another and displaced. For such injuries do not readily occur, as the spine could not easily be displaced backward but by a severe injury on the fore part of the belly (which would prove fatal), or if a person falling from a height should pitch upon the nates, or shoulders (and even in this case he would die, but not immediately); and it also would not really happen that such a displacement could take place forward, unless some very heavy weight should fall upon it behind; for each of the posterior spinal processes is so constructed that it would sooner be broken than undergo any great inclination forward from a force which would have to overcome the ligaments and the articulations mutually connecting them. And the spinal marrow would suffer, if from the displacement of a vertebra it were to be bent even to a small extent; for the displaced vertebra would compress the spinal marrow, if it did not break it; and if compressed and strangled, it would induce insensibility of many great and important

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parts, so that the physician need not give himself any concern about rectifying the displacement of the vertebra, accompanied, as it is, by many ill consequences of a serious nature. It is evident, then, that such a case could not be reduced either by succussion, or by any other method, unless one were to cut open the patient, and then, having introduced the hand into one of the great cavities, were to push outward from within, which one might do on the dead body, but not at all on the living. Wherefore, then, do I write all this? Because certain persons fancy that they have cured patients in whom the vertebra had undergone complete dislocation forward. Some, indeed, suppose that this is the easiest of all these dislocations to be recovered from, and that such cases do not stand in need of reduction, but get well spontaneously. Many are ignorant, and profit by their ignorance, for they obtain credit from those about them. These are deceived in this way, for they suppose the spinous processes to be the vertebrae themselves, because every one of them appears round to the touch, not knowing that these bones are processes from the vertebrae, as formerly stated; but the vertebrae (bodies) are at a considerable distance before them; for of all animals, man, in proportion to his bulk, has the belly (*internal cavity?*) the narrowest from behind to before, especially at the breast. When, therefore, any of these processes are severely fractured, whether one or more, the part there appears lower than on either side, and for that reason they are deceived, supposing that the vertebrae are displaced inward. And the attitudes of the patient contribute also to deceive them; for if they attempt to put themselves into a bent position, they are pained, from the skin being stretched at the seat of the injury, and at the same time the fragments of the bones wound the skin still more; and if they bend forward, they feel easier, for the skin at the wound is thus relaxed, and the bones are less disposed to hurt them; and if touched, they shrink and bend forward, and the part which is touched appears empty and soft. All the circumstances now mentioned contribute to deceive the physician. Such patients readily get well without bad effects, for callus readily forms in all such bones as are porous."

If Hippocrates knew, between 300 and 400 B. C., that the spinal column was so made that it could not be dislocated, vertebra upon vertebra, without either fracture or destruction of the body of one or more vertebrae, and if his teachings through the centuries that have followed have been proved true, then upon what foundation can the chiropractor stand? If he be truthful, or if he have the least knowledge of anatomy, and particularly of osteology and syndesmology, how can he go on with his insistence of luxation or subluxation of the spinal column, at least below the cervical portion thereof? Is it possible that chiropractors do not study osteology and syndesmology, and consequently their ignorance?

To those of us who have given any attention, whatsoever, to anatomy, and particularly to the spinal column, the claims of the chiropractor are, to say the least, absurd. And their absurdity increases in volume as we look back through the centuries and see that Hippocrates, even in those days when the physician did not possess the finished education of the medical man of today, recognized the fact that the claims of the chiropractor were false.

Why is it that the chiropractors do not tell the truth? Likewise the osteopaths? For they are not truthful. Why not, like Abrams, reduce spinal manipulation to a science and admit that they do nothing, other than to inhibit or otherwise affect the spinal nerves and their distribution? For it is a fact that they do nothing more or less than to stimulate or inhibit spinal nerve action, and that without stirring the vertebrae one iota from their places within the spinal column, for they cannot, as Hippocrates has suggested, move those bones without dire results following.

And the osteopaths tell us that they return replaced nerves to their normal positions. I have, in years past, made many dissections and have found many anatomical anomalies, in the way of discovering bloodvessels where they should not be, or wholly lacking; nerves displaced, or lacking, classically speaking; adjacent muscles fused; and many other things out of the ordinary. And not one of those things had any apparent effect upon the health of the individual during life. Nor could a single one of those

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anomalies have been discovered in any way whatsoever during the life of the individual.

Chiropractic and osteopathy are simply "bunk"—money-making "bunk". The practitioners of both such so-called schools, through their general ignorance, do more harm than good, for they both not infrequently do harm, much harm, to the bodies of their patients. Nor am I guessing when I make the last assertion, for I have seen patients not only injured, but their deaths hastened through both osteopathic and chiropractic treatment. For there is a total lack of science in both and their practitioners are usually men without more than ordinary education, if even that. They are a set of individuals who are after money, no matter how it be obtained. Even by outright lying, and all chiropractors and osteopaths are liars. For the spinal column has not changed.

Reno, Nev.

Editor MEDICAL SUMMARY,
Philadelphia, Pa.

DEAR SIR:

I take this occasion to thank you for the space you gave my letter in the June issue.

In this same issue, however, there seems to be an article from the pen of Dr. S. R. Klein on page 91 that is so clearly at variance with facts that I feel I must again take up the sword in defence of chiropractic.

In the first place, allow me to state that after twenty years of suffering from hemorrhoids in which the knife was advocated several times by medical men, I was cured absolutely by eight spinal adjustments. I also suffered for at least twenty years from hay fever in the worst form. One spinal adjustment cured me of this trouble.

I speak of the above so that when Dr. Klein calls chiropractic rascality and quackery, I have not only my own health to point to, but that of thousands of others who have gone the rounds of the medical profession, only to find health through chiropractic.

It is a strange thing that physicians will or can be so bitter on a subject about which they know so little.

The "shameful new system" (to quote the doctor) had its discovery that by adjusting a bone in the spine of a person deaf for seventeen years, hearing was restored in three days. Not a very shameful discovery, eh? Since then the born blind and the born deaf have been returned to normalcy.

Eight years ago I met Walter Martin of Grinnell, Ia. He had been to practically every physician west of the Mississippi, even the Mayo Brothers. He had been born blind thirty-two years previous, and had never seen a ray of light. Two and a half months' adjustments by a chiropractor, whose education was just the common school, gave this man perfect sight.

Regarding the cure of cancer, tuberculosis and syphilis, there are many records of the cures of these conditions all over the country. One of the best chiropractors of Toronto, E. J. Chattoe, was given up to die by five of Toronto's best physicians. He had tuberculosis. Spinal adjustments made him normal and today he has a large practice.

Dr. Klein seems to think it a dreadful thing to adjust the spine in paresis, morphineism, infantile paralysis, heart disease and anemia. These are where spinal adjustments will work miracles. The writer had a case of infantile paralysis in a child, pronounced hopeless by four physicians of this city. There was simply no movement to either leg, and the feet and toes were also lifeless. Two spinal adjustments got this child walking. Today he is perfectly well.

No, the United States is not the only country where chiropractic is practiced. Practically every country on earth has chiropractic today. Japan, England, France, Egypt, Cape Good Hope, New Zealand, Australia, even Alaska has chiropractic, to say nothing of the hundreds practicing in Canada. And Germany is a "wide open" country for all.

But the United States is the only country dominated by a medical power which tries to strangle the drugless profession out of existence. Not a very "noble" thing for the "noble medical profession" to do. Without chiropractic Walter Martin would still be stone blind, others would still be paralyzed, and diseased, the writer would still have hemorrhoids and hay fever, my wife would still have heart failure that

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has defied the medical men for thirty years, and so a thousand more instances could be brought out but space forbids.

In the venereal diseases chiropractic is particularly brilliant. Think of taking a case of gonorrhea, and after giving five spinal adjustments in three days all infection was thrown out and normalcy returned. Think of taking a case of syphilis and getting the patient thoroughly well in six weeks! These are things that have happened, and my contention is that Dr. Klein has never looked into the untold and unathomed possibilities of spinal adjustments, and until he does so with an open mind, he has no moral right to call the chiropractors, whose right to save life is just as sacred as his own, the disreputable names he uses on them.

Ninety per cent. of the practicing chiropractors are such because of some medically uncured chronic condition which chiropractic has done away with.

Even locomotor ataxia, Bright's disease, diabetes, insanity, and a great host of other "incurable" conditions have been made right. Fever has been broken up in less than an hour, and chiropractic had a mortality of only one patient in 886 in the late flu epidemic.

I do not presume for one moment to use epithets against the medical profession, even though I think many medical methods are wrong. I do maintain that there has never been an instance where a medical man has looked into chiropractic, investigated and studied it with an open mind, that he did not embrace its principles as correct.

There is only one thing the chiropractor does. He releases the pressure on trunk nerves, after which the same natural force that first made the body starts in to renew the tissue cells of a diseased part with health as the logical result. Surely no one medical or lay can afford to fight the power that made his own body.

I trust my article is not too long to print. I feel it should be published to show such writers as Dr. Klein that natural lines of work (chiropractic) are bigger and broader than he has had any conception of.

Yours very sincerely,

HARRISON H. LYNN.

INFLUENCE OF PROTEIN FOOD ON INCREASED BLOOD-PRESSURE

BY HERMAN O. MOSENTHAL, M.D.

From Mosenthal's observations it would appear that it is exceptional for a low protein diet to diminish the blood-pressure or a high protein diet to raise it. One case, however, shows that this may occur. This patient was extremely ill, as the great impairment of renal function indicates, and was necessarily maintained in a state of undernutrition, since any attempts to increase the food resulted in uremic symptoms. However, even in this case a second period of low protein feeding failed to bring the blood-pressure to the low level previously obtained.

The diminution of the waste products in blood, as indicated by a lowering of the blood urea nitrogen, was without effect upon the blood-pressure. Changes in the caloric value of the diet, for a short time at least, did not influence the blood-pressure.

The basis upon which the impression that a low protein diet reduces blood-pressure rests may possibly be found in the recent report of F. G. Benedict and his collaborators. These investigators demonstrated that by underfeeding the blood-pressure of healthy, young male adults could be distinctly reduced. This change was accompanied by various other phenomena, among them a secondary anemia. These facts furnish a suggestion of diet to hypertension. A subcaloric mixed diet may be continued for a considerable period, probably with beneficial effect. If the health and strength of the patient are to be maintained it is advisable to regulate the amount of the diet according to the hemoglobin content of the blood. The hemoglobin percentage should not fall below 85 per cent. From the data given in the present communication it is evident that in most instances a low protein diet continued for a period of a few weeks is without effect upon the blood-pressure of cases of hypertension.—*Medical Review of Reviews.*

For sick headache a few drops of the tincture of chionanthus; timely taken, prevents sick headache without fail. The same is specific for catarrhal jaundice.—*Medical Herald.*

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ENCEPHALITIS LETHARGICA

According to promise, the Ministry of Health has issued recently a memorandum on encephalitis lethargica. Dealing with the history of the disease, it is pointed out that similar outbreaks have occurred in the past; for example, in 1865, the "strange fever" described by Willis, and epidemics characterized by nervous symptoms and lethargy in the seventeenth and eighteenth centuries. So far as is known the malady is caused by a virus which is filtrable, probably gaining entrance through the nasopharynx, and which sets up inflammatory changes in the nervous system. There does not seem to be any clear evidence that there is a relationship between encephalitis lethargica and epidemic hiccough, which has been observed in parts of this country during the past few weeks. The conclusions arrived at by the investigators who compiled the report for the Ministry of Health are that the disease "appears to belong to that group of maladies, including cerebrospinal fever and acute poliomyelitis, in which the pathological agent is much more frequently present in the human organism than the clinical symptoms indicate. An attack of the disease may be regarded as the result either of the breakdown of the immunity to the effects of the virus which the individual who harbored it had up to the time enjoyed or of a non-immune person having become freshly infected with a strain of the virus, which has attained a degree of pathogenicity that can be considered as specific." No specific treatment is available.—*Medical Record.*

INDUSTRIAL LEAD POISONING

Marvin D. Shie bases this discussion on material drawn from experience gained during a study of lead poisoning in several industries, during which he made thorough physical examinations, including laboratory work, of more than 900 workers exposed to the lead hazard. Eighty of these were found to be suffering from lead poisoning in various degrees of severity, and 95 others had sufficient signs and symptoms of plumbism to warrant a tentative diagnosis. Certain signs and symptoms of plumbism have been given somewhat more importance as diagnostic points than they deserve. These are anemia, basophilic degeneration of the red cells, hypertonus, and constipation. Pronounced anemia is presentin only relatively few cases; in many severe cases there is no anemia, whatever. The pallor that is usually present is, therefore, due to some other cause—possibly a constriction of the peripheral bloodvessels. Basophilic degeneration of the red cells is rare in chronic cases, and its value as a diagnostic point, even in acute cases, has probably been overrated. The presence of hypertonus is extremely variable. The cause of this variance is unknown; the difference in the form of the lead to which the different groups are exposed may have something to do with it. Hypertonus is nearly always present during attacks of colic. Although constipation is usual, it is not invariably present. The assumption, therefore, that a patient who is not constipated does not have lead poisoning is fallacious. Many cases of plumbism, especially acute cases, occur without constipation. A point of diagnostic value which appears to have escaped recognition, except by Hayhurst, is the presence of mononucleosis in chronic cases. This is almost invariably present. The presence of a lead line is also extremely variable. In the treatment of plumbism prophylaxis is of much more importance than the curative treatment. By means of proper working conditions and medical supervision on the one hand, and the observance of the rules of personal hygiene and common sense on the other, together with co-operation between employers and employees, the incidence of plumbism in American industries could be greatly decreased. If the cause of the poisoning is removed the prognosis, except in a few cases, is good even without medical treatment. If, however, the lead continues to exert its deleterious effects through small, steady doses, the case steadily progresses, finally terminating in some form of paralysis or in some of the common degenerative diseases. As a rule, lead poisoning is a disabling rather than a fatal disease, although in chronic cases it undoubtedly hastens death.—*Western Medical Times.*

A DANGEROUS DISEASE CARRIER

It is a matter of common knowledge that the common house fly has come to be regarded by

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the enlightened understanding, not only as one of the most annoying and repulsive of insects, but one of the most dangerous in its capacity to gather, carry and disseminate the germs of disease. He is the meanest of all scavengers. He delights in reveling in all kinds of filth; the greater the putrescence, the more to his taste. Of every vermin, he above all others is least able to prove an alibi when charged with having been in touch with every kind of corruption, and with having become contaminated with the germs thereof. After free indulgence in the cesspools of disease and filth, he then possesses the further obnoxious attribute of being most agile and persistent in ability to distribute the germs of almost every deadly form of contagion. It is a matter of common knowledge that yellow fever was formerly the scourge of certain localities in our own and other countries. For years no one mistrusted or was able to detect the cause. But one day it was announced that a certain kind of mosquito by its sting communicated the germs of this dread disease. The knowing introduction of one of these mosquitoes now would constitute a criminal offense. While the house fly has not yet been regarded as fatal as a mosquito, he, nevertheless, is now attracting the serious attention of sanitary and health departments all over the country; in fact, all over the world. The dangers with which his presence is fraught are also a matter of common knowledge, and hence of judicial notice. The court finds that the bibliographic list on this subject in the last twelve years embraces 136 publications in books and bulletins issued in many countries and printed in different languages.—*Jour. A. M. A.*

MORPHINE ALLERGY

This phenomenon is well known in the ordinary subject, and even in the concentration of 1-1,000,000 the needle puncture will cause a wheal. It is necessary for a first sensitizing injection to be made. The maximum intensity is seen about six hours after the first injection. The phenomenon is not confined, as some believe, to morphine, but is seen with atropine and other alkaloids. In atropine, however, the period of maximum intensity is one hour after injection.—*La Presse Medicale.*

SYMPTOMS OF HEART FAILURE

By M. C. Palmer, M.D.

To go into detail and describe all symptoms of heart failure would be inappropriate at this time. In this brief paper I shall touch on some of the symptoms that frequently confront us.

The heart, when the body is at rest, is called on for the minimum amount of force. When the body is functioning, more force is required. The difference between the force exerted by the heart when the body is resting and that exerted when it is called on by the organism to function at its extreme limit, is known as the reserve force. As soon as the limit of reserve is past, symptoms and signs of inefficiency or failure appear. There may be many obstacles in the way of the maintenance of normal circulation such as sclerosed arteries, diseased valves, increased tension, etc., and still no failure exist. When the heart is unable to keep the blood circulating in the normal manner while the individual fulfils his vocation, it may be said to fail.

This failure is made evident through certain more or less well-defined symptoms and signs which may be exhibited directly by the heart's changed action and indirectly by evidence of impairment of function in other organs. This evidence is manifested subjectively and objectively. Of these, from the practical point of view, the information gained from the patient is of more importance. The objective signs are tangible when present but the work done by each individual varies. An accurate conclusion as to the degree of failure cannot be drawn until the patient has been questioned as to habits of daily life; the distress or ease with which he is able to do his work. It is this inquiry into the response of the heart to the demands of the various organs while functioning that gives light and makes possible the true determination of the degree of failure.

When the heart begins to fail, the blood flows slower than is required owing to the lack of sufficient vis-a-tergo. There is a degree of stasis present. All are familiar with the stasis evidenced by edema of the extremities, cyanosis of the skin and edema of the lungs accompanying

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advanced heart failure. It is not universal, however, to associate hemorrhoids, constipation, enlargement of the liver and other evidence of stasis in the visera with heart failure.

Perhaps the symptoms of cardiac insufficiency which most frequently bring patients to us are those of the respiratory system. The stasis around the respiratory center leads to too much carbonic acid and too little oxygen. Owing to this we have breathlessness, air hunger, inability to stop breathing, etc. There may be simply an increase in the frequency of respiratory movements when lying quiet. This may be an early symptom in wasting fevers such as typhoid, or in elderly people, or in valvular lesions. On the other extreme we note the continuous labored breathing of the very advanced heart failures. The amount of exertion required to bring on labored breathing is a rough indication of cardiac reserve force. Cardiac asthma, characterized by sudden onset of labored breathing, cyanosis profuse perspiration, the urgent desire to assume the sitting posture, and the coughing up of a frothy, blood-stained mucous, is seen in the arteriosclerotic types. It is a grave symptom. Acute suffocative edema of the lungs closely resembles cardiac asthma except that the fluid from the mouth and nose is more profuse. Back pressure, seen in mitral stenosis in the young and in the dilated hearts of the older patients, with the attendant pulmonary stasis, gives rise to a varying degree of hemoptysis.

Dizziness, seen in paroxysmal tachycardia, sudden assumption of the upright position, heart block, etc., is due to cerebral anemia. When the blood is very markedly diminished, there is loss of consciousness. In very extreme anemia there are convulsions. In cases where the blood supply to the brain is continuously sluggish the patient complains that he is easily fatigued, that it is hard for him to remember recent events or what he reads. In advanced degrees of heart failure there are often hallucinations of sight and hearing.

By various experiments, it has been found that there is no pain coming directly from injury of the heart in any part. Heart muscle therefore cannot be said to give pain directly and when it is found in connection with heart failure, it is due to a reflex. The heart in trouble notifies the structures round about it through the medium of the sympathetic nervous system, with which the vagus is in very intimate communication. This connection is especially well developed between the vagus and the nerves supplying the region of the left breast and the inner side of the left arm and hand which fact determines the location of the pain in the greatest number of cases. In addition to the pain there is often hyperalgesia of the muscles and skin. The intercommunication of the nerves of the whole upper part of the body and the vagus is such that any pain, sharp or dull, paroxysmal or steady, occurring about the chest, arms, epigastrium or neck should be investigated as to its starting point and radiation and as to its relationship to rest and exercise.—*Southern Medicine and Surgery.*

Spartanburg, S. C.

THE SPREAD OF BACTERIAL INFECTION

Topley has made an interesting experimental study of an epidemic among mice. A certain number of these animals were fed cultures of B. Gaertner and from time to time healthy mice were added to the infected community. Effort was made to be sure that the additions were in health. They were taken from batches of from six to eighteen which had been kept in cages for two or more weeks and in which there was no evidence, either by disease or death, of the presence of an infection. These healthy mice were added to the infected cage from time to time. The experiment continued through 388 days, during which time 782 mice were added and 728 deaths occurred. It was found that the percentage of deaths increased when the fresh animals were added during the ascent of a mortality wave. When fresh animals were added while the mortality was on the increase not only was death more frequent among the additions, but also increased among those already in the cage and which had survived other epidemic waves. The author says: "In the present study it has been shown that if normal mice are added from day to day to an infected population they will all eventually succumb, provided that further normal mice are added at a certain rate. The period of survival of any given batch of mice will vary according to the time at which

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they are introduced to the cage. If their entrance coincides with the early part of the rise of an epidemic wave, as judged by a mortality curve, their survival will be short. If they are introduced during the latter part of the decline of such a wave they will live, on the average, much longer, longer indeed than mice subsequently added to the cage."

By frequent addition of susceptible material to an infected community, an epidemic may apparently be prolonged indefinitely. If this be applicable to epidemics among human beings, it is quite evident that quarantining an infected community is desirable and beneficial not only for protecting those outside such community, but with the object of limiting the deaths within the community itself. We are of the opinion that we observed something like this in our cantonments during the late war. It was certainly evident that with each additional accession of fresh material to an infected camp the number of cases and the number of deaths increased and the increase involved not only those who came into the camp, but those who were originally in it.

Topley states his conclusions as follows: "(1) If susceptible mice be continuously added to an infected population the spread of infection will continue over a long period of time. There is no evidence that this period has a limit. (2) When susceptible mice are added continuously and at a constant rate to an infected population, the spread of infection, as judged by a mortality curve, is propagated in regular recurring waves. These waves are most easily observed by noting the fluctuations in the total cage population. It seems probable that the period of these fluctuations will be found to depend on the rate of addition of susceptible individuals, but this point has still to be determined. (3) The actual deaths may occur in large groups, with intervals during which deaths are few and far between, or they may fall in a succession of smaller groups, increasing and diminishing in size to form the larger waves. In all cases there is this tendency for the occurrence of such small groups of deaths with definite maximal points. There would seem to be two fluctuating processes, the one superimposed upon the other. (4) The average survival time of mice added to the cage, and their chance of ultimate survival if no more susceptible mice are introduced, vary according to the phase at which they are added. If they gain entrance to the cage during the rise of a wave they are unlikely to live for long. If they are introduced during the fall of a wave their chances of survival are greatly increased, and they will usually outlive mice which are added at a later date but at a time before the commencement of the next wave. (5) The rate of extinction of a population, among which infection is actively spreading, will be far less rapid if they are kept isolated than if further susceptible individuals continuously gain access to them. A proportion of the infected population, which would have survived indefinitely under the former circumstances, will die under the latter. (6) The ultimate survivors among such a population have not escaped infection, but have successfully resisted it. A considerable proportion of them are harboring the causative parasite in their tissues."

We are tempted to theorize after reading the above-mentioned report, but have concluded that theory had better be omitted until more experimental work along this line has been done. Incidentally, however, we cannot help recalling the fact that we would not have known of yellow fever in Cuba had it not been for the susceptible accessions that were constantly coming into the Island.—*V. C. V. in Journal of Laboratory and Clinical Medicine.*

HODGKINS DISEASE

By C. J. McIntire, M.D.

Hodgkins disease was first described by Hodgkin in England in 1832. Wunderlich described it in 1858 under the name of "progressive multiple hypertrophy of the lymph glands", and later Billroth termed it "multiple malignant lymphoma". It is characterized by the occurrence of multiple lymph-gland enlargements, combined with a gradually increasing general anemia and cachexia, without lymphemic blood findings.

The disease usually occurs in youth and early adult life. It is more common in males than

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females. A direct cause has never been demonstrated, but it seems to follow some acute infection.

The first noticeable symptom is enlargement of lymph-glands, generally about the neck, which slowly and painlessly enlarge with extension to other glandular groups. The spleen is usually enlarged but never reaches the size found in true leukemia and the so-called Banti's disease.

These glandular enlargements may be present a long time without producing decided symptoms. They are never painful, but dyspnea, dysphagia, and edema may result from pressure. As enlargement develops, bodily weakness and anemia increase. There may be several weeks of increased temperature followed by periods of almost normal temperature. There are occasional attacks of abdominal pain. The pulse is rapid. Cardiac murmurs are often heard. An intense pruritis is comparatively frequent.

Some cases run a comparatively short course, lasting only a few months. Others may last for several years. Cures are rare and an unfavorable prognosis must be given.

In making a diagnosis tuberculosis, leukemia, lympho-sarcoma and syphilis must be excluded.

In early one-sided cases it is not always easy to rule out tuberculosis. In tuberculosis there is a tendency of the glands to coalesce, adhere to the skin, suppurate, and there are usually positive findings in the lungs. A gland may be excised and submitted to a pathologist for a differential diagnosis.

When the mediastinal and peritoneal glands are the only glands involved the X-ray examination will decide the diagnosis.

As a rule the blood picture gives the diagnosis of leukemia. If it should not, a sectional gland will tell the story and at the same time rule out lympho-sarcoma.

Syphilitic glands rarely attain great size. The first to be involved are those nearest the chancre, and therefore most often in the groin. In the presence of a positive Wassermann and a definite history, a diagnosis of syphilis may be made but this does not rule out Hodgkins and again a sectioned gland may be necessary for a correct differential diagnosis.

The treatment of Hodgkins disease depends upon arsenic and the X-ray. Arsenic may be given in any form and is usually well tolerated.—*Indianapolis Medical Journal.*

Indianapolis, Ind.

AN INTRAVENOUS SOLUTION ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY IN THE JOURNAL A. M. A. SEPTEMBER 10

The Council on Pharmacy and Chemistry reports the acceptance, among N. & N. R., *Loeser's Intravenous Solution of Mercury Oxycyanide, each ampoule containing 5 c.c. of solution representing 0.008 gm. (1/8 grain) Mercury Oxycyanide, N.N.R., prepared by the New York Intravenous Laboratory.*

The acceptance of the Council of an intravenous solution marks the first step in the recognition of intravenous medication by these authorities.

Thousands of physicians, employing the intravenous method, will welcome this action of the Council as a sign of tendency toward general acceptance of the intravenous method.

It would appear from the remarks of the Council in past issues of the Journal, that the point of issue between them and the manufacturer lies in the use of the term "safe and practical", as employed by those skilled in the preparing of intravenous solutions in their approach to the medical profession.

It is to be hoped that the Council will decide to carry on clinical trial to substantiate the evidence that has been accumulated by thousands of general practitioners over the country and abroad. Such a trial and its report would further the progress of an improvement in the administration of U. S. P. and standard remedies of established therapeutic value.

One drop of the tincture aesculus hippocast, in a tablespoonful of water, taken before meals, and on retiring at night, will cure almost any case of piles in a week.—*Medical Herald.*

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

REDUCING SUBSTANCE IN URINE

Eighty-two patients were observed by Schloss from whom 196 specimens of urine were examined. All of the patients were affected with severe nutritional disturbances characterized by diarrhea, refusal of food, vomiting or loss of weight. The greater number of patients showed the presence of toxic symptoms. The urine of sixty-three infants reduced Benedict's qualitative reagent, Bertrand's method or the micro-method of Benedict and Osterberg. The amount of reducing substance calculated as glucose varied from 0.12 to 2.1 per cent. The glycosuria in these cases is of relatively short duration, so that repeated examinations of the reducing substance in the urine of the same patient is often impossible. As a rule, glycosuria occurs only during the period of acute illness, and the patient either succumbs or improves within a few days. With improvement, the glycosuria diminishes markedly and subsides. The duration of glycosuria varies greatly, but in most cases covers a period of from one to four days. The short duration of the sugar elimination in this variety of case is in marked contrast to the continuous glycosuria associated with the regular ingestion of large amounts of sugar. The fact that the main portion of the reducing substance is fermentable indicates that it is glucose or galactose.—*Am. Jour. Dis. Child.*

Bromide of ammonia stands in high repute for acute rheumatism, and the chloride for myalgia.—*Medical Herald.*

Ammonia phosphate, in officinal doses, every three to five hours, is a successful remedy in rheumatism, acute and chronic; also in gout.

In delirium tremens give repeated draughts of strong coffee. For "dead drunk" stupor, injection of the same into the bowel.—*Medical Herald.*

To eradicate diphtheria it is impossible to make any progress unless we deal also with the carriers and isolate them. They must be excluded from the schools at all hazards and quarantined. In many cases the children are reinfected by adults in the family, either an older brother or sister or the father or mother, or some one in close contact. These carriers may remain positive a long time, and careful examination must be made in all cases for adenoids and tonsils. A large per cent. of diseased tonsils are diphtheria positive.

In every case of diphtheria every contact should be cultured and if found positive should be quarantined until at least three negative cultures are obtained, taken three to five days apart.

Too little attention has been given to diphtheria carriers. They are an active and predominating cause of many, if not all, acute cases They frequently do not feel ill in any way and so escape detection.—*New Albany Medical Herald.*

BISMUTH TO EXPEL OXYURIDS

In this report of a successfully treated case, the writer says, "Having just read in the *Journal of the American Medical Association*, Loeper's statement in regard to the efficacy of bismuth carbonate in expelling oxyurids, we applied this method in treatment of a rebellious case in a woman of 22. After a week of strict milk diet, 5 gm. of bismuth carbonate were taken morning and evening in a glass of water for three days. This was followed by a purge and local mercurial salve. The course was repeated a month later without dieting, but followed by a calomel purge, and the patient has been permanently relieved of the helminthiasis that had tormented her for months." Loeper casually discovered the efficacy of this drug in giving a contrast meal in two cases of gastric or duodenal ulcer.—*Arch. Esp. de Ped.*

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NON-SPECIFIC THERAPY

An interesting review of the literature of non-specific therapy for the past five years, including anaphylaxis and related phenomena appears in the *American Journal of Diseases of Children*, from the pen of Dr. Cunningham, who states that there is a large and growing attention to the treatment of various conditions by injecting foreign proteins of a non-specific nature. Good results have been obtained in a variety of diseases by a large number of observers, and their reports in many instances are so complete that, according to Cunningham, such knowledge has amply proved its usefulness. Miller, Lusk, Cowie and Calhoun report good results following the injection of non-specific proteins in arthritis. Gonorrheal patients showed much improvement under this treatment. Auld, following the work of Novy and DeKruff, reports good results in the treatment of asthma with subcutaneous injections of proteins. Jobling and Peterson find that leucocytosis is not essential. The fundamental change effected seems to be that injections bring about a reduction of the state of colloidal dispersion, affecting not only serum protein but also serum lipoids. Schamberg reports uniform success against poisoning by poison ivy by the administration of small and increasing doses of the tincture of the plant and suggests that this may also immunise against such proteins such as the pollens. The work of Nolf and of others is also referred to by Cunningham. All these favorable reports on the advantages of non-specific protein therapy give strong, if indirect, confirmation of the correctness of the theories on which the use of proteogens is based. Proteogens are non-specific protein products, etc., of vegetable origin and do not produce anaphylaxis as protein products of animal or bacterial origin are apt to do.—*Therapeutic Digest.*

For felon, apply at as early a stage as possible cloths saturated with the tincture of lobelia, and the felon will vanish.—*Medical Herald.*

For nervous sick headache take caffein one grain dose every half-hour, sure to relieve. The same for vertigo.—*Medical Herald.*

TREATMENT OF GALLSTONES

The treatment is both medical and surgical. The medical treatment has for its purpose the relief of the suffering and, if possible, the elimination of the offending agent. In some instances, when the stone is small, this is feasible. Drinking of large amounts of water, leading a hygienic life, frequent eating, and drinking of some salient aperient water are all favorable for this purpose. In biliary colic of a severe character, the pain is best subdued by a hypodermic of morphine in conjunction with atropine. During and following the attack, rest in bed is essential.

If the attacks are frequent and perhaps accompanied by fever and a high leucocytosis with an increase of polynuclears, operation for the removal of the stones should be considered. Jaundice, which has developed after a biliary colic and has not subsided after a period of three to five weeks—showing that the common duct is occluded—is another indication for operative intervention. Operation is also indicated when an empyema of the gall-bladder is manifested by chills, high leucocytosis, and pain, and a perforation is suspended—sudden cramps, rigidity of the abdominal walls, etc. In the latter case, the sooner the operation is done the better.

While I am not of the opinion that all gallstones require operation, I would recommend that, in case the abdominal cavity is opened on account of some other condition, if gallstones are known to exist or are discovered at the operation they should be removed as a prophylactic measure, even if the patient has not presented symptoms from them.

Pomeroy Supporting Belts are made to fit every form of the body. That which is made to give the needed support to a flabby, relaxed or pendulous abdomen is a most grateful means of giving relief to many distressing troubles. The catalogue with complete instructions for self-measurements, etc., will be sent by Pomeroy Company, 16 East Forty-second Street, New York, N. Y.

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TWO THERAPEUTIC POINTS AND ONE ECONOMIC, TESTED AND PRACTICAL

By J. B. Dunham, M.D.

A delicious, effective fruit laxative:

1 pound best prunes, seeded
1 pound best dates, seeded
1 pound best figs
1 pound best raisins

Wash all in cold water. Mix thoroughly and run through grinder. When running through grinder, add ten cents' worth of senna leaves. Sig.—Teaspoonful at bedtime.

Put in a glass fruit jar; it will keep indefinitely. Guard against eating more than prescribed, and patient will soon regulate dose.

Spasmodic croup prescription:

Twenty grains fresh crystal of carbonate of ammonia in two (2) ounces of simple syrup. Sig.—One-quarter to one teaspoonful every fifteen minutes until relieved. A specific for spasmodic croup.

Our attention was recently called to a live business firm that appreciated the need of educating many new mothers to the real value to THEM of employing competent physicians before, during and after accouchement. Any movement of this character has a very definite educating influence that quickly eliminates the ignorant midwife to the direct benefit of physician, mother and baby.

Having bought their product the firm secures the addresses of patrons, new mother clientele, and sends sealed and alone a handsome card so written that her physician (not mentioned by name) is endorsed in a dignified and ethical manner to the direct advantage of all expectant mothers, who come in touch with his pleased new mother patrons. We have no hesitation, backed by personal experience, in saying, if you get in touch with this firm and distribute Dr. Oliphant's "Maternity and the Care of Babies" among a selected list of your clientele, you will increase your obstetric work 50 per cent. and at the same time advance your professional standing in your community.

Wenona, Ill.

HIGH MORTALITY RATES CHALLENGE NATIONAL CONSCIENCE

In the United States in 1919 one mother died for every 135 babies born, and every eleventh baby born died before he was a year old. That these rates are excessive is shown in "Save the Youngest", a bulletin issued by the U. S. Department of Labor through the Children's Bureau, and just revised to compare the latest rates for the United States with those for foreign countries.

Six countries are shown to have a lower infant mortality, and 16 in a group of 17, a lower maternal mortality, than the United States. Not only do we lose more mothers in proportion to births than practically any other civilized country, but we apparently lose more on an average each year than the year before. Whereas in other countries there has been a decrease in the death rate from childbirth, the rate in the United States rose from 6.1 per 1,000 births in 1915 to 6.2 in 1916, 6.6 in 1917 and to 7.4 in 1919. Moreover, in this country there is no appreciable decrease in the proportion of babies who die from causes largely connected with the care and condition of the mother.

Experience has proved, the bulletin points out, that thousands of deaths of both mothers and children could be prevented every year by public measures for the protection of maternity and infancy. In New York City, among 4,496 mothers who were supervised by the New York Maternity Center Association before and after the birth of their babies, the maternal mortality rate was less than one-third the rate of the United States and the rate for deaths in early infancy was less than half that for the city as a whole. In other cities of the United States and in foreign countries the institution of infant welfare measures has been followed by greatly decreased rates.

Measures which have proved successful in preventing this waste of life among mothers and babies include the following: Prompt and accurate birth registration, health centers, public health nurses, special clinics, trained attendance

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at childbirth, adequate hospital service, education of the mother in maternity and child hygiene, and education of the general public in the significance of a necessity for maternal and infant health.

PULPLESS TEETH

In discussing a paper by Mentzer and Tuohy in *Minnesota Medicine* for May, 1921, relative to an attempt to unify and harmonize points of view of medical and dental professions toward the constitutional influence of dental pathology Dr. Hartzel a long observation as well as the personal experience in his own mouth with pulpless teeth has convinced the speaker that the crying need of dentistry at this time is not so much the extraction of teeth as the conservation of them, and the adoption of aseptic surgery to dental pulps where such pulps must be removed. When the dental pulp becomes exposed to infection, the tooth should either have that pulp aseptically removed and the canal hermetically sealed to prevent ingress of infection or the tooth itself should be removed. That it is possible to retain in one's mouth or in the mouths of patients pulpless teeth has been shown through at least fifty years of successful practice.—*Indianapolis Medical Journal, June, 1921.*

CEREBRAL MANIFESTATIONS IN CARDIORENAL DISEASE

PAINLESS LABOR

The patient whose case is cited by Henderson was aged 23, and of somewhat slight build. Throughout her pregnancy, her health was excellent; she did a lot of dairy work, including the milking of several cows, right up to the morning of her confinement. When first seen the patient was lying in bed, and expressed herself as feeling quite comfortable. On examination, the head was found on the perineum, which was tightly stretched and bulging. The membranes were already ruptured, although neither patient nor nurse had noticed any escape of waters. About six hours before, the patient felt a "heaving" in her abdomen, associated with a feeling of "something pressing down." This "heaving" had come on at regular intervals, at first every half hour, but later at more frequent periods. The uterus contraction was severe and prolonged, but there was absolutely no pain. During the contraction the patient did not hold her breath. The patient's nervous system was normal; reflexes present and normal. Sensation to touch, heat and cold normal.—*Edinburgh Med. Jour.*

Forming Good Reading Habits—If parents wish their children to form good reading habits they must first form such habits themselves. And there is no better way to do this than to bring into the household a periodical that will be of interest to every member of it; that will supply the best reading for old and young. Among the periodicals of this description *The Youth's Companion* is unique. Not only does it aim to entertain and inform boys and girls in their teens, as its name suggests, but there is not a page in it that parents can pass over with indifference. The 52 issues of 1922 will be crowded with serial stories, short stories, editorials, poetry, facts and fun. Subscribe now and receive: (1) *The Youth's Companion*, 52 issues in 1922. (2) All the remaining issues of 1921. (3) The Companion Home Calendar for 1922. All for $2.50. (4) Or include *McCall's Magazine*, the monthly authority on fashions. Both publications, only $3.00. *The Youth's Companion*, Commonwealth Avenue and St. Paul Street, Boston, Mass. New subscriptions received at this office.

TRUE GASTRIC PAIN

W. H. Foreman points out that true gastric pain is the result of adequate gastric tension. Ordinary gastric conditions or processes are not connected in consciousness, but are only concerned in reflex physiological gastric function. Pathological processes or conditions, either organic or functional, in the stomach or stomach wall, or outside of the stomach, such as fermentation, hypermotility, disturbance of gastric tone, inhibition of pyloric obstruction, peptic ulcer, cancer, reflexes from disease of any of the visceral or stomatic structures, functional or organic disturbances of the nervous or endocrine systems, or psychical influences, may induce gastric tension adequate to produce true gastric pain.—*Western Medical Times.*

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PHYSICAL EXAMINATIONS PROTECT CHILDREN

The only index to community conditions prejudicial to health that will make known the child of the well-to-do who needs attention is the record of physical examination. No other means today exists by which the State can, in a recognized and acceptable way, discover the failure of these well-to-do parents to protect their children's health and take steps to teach and, if necessary, to compel the parents to substitute living conditions that benefit for conditions that injure the child.

Among the important health rights that deserve more emphasis is the right to be healthy though not "poor". A child's lungs may be weak, breathing capacity one-third below normal, weight and nutrition deficient, and yet that child can not contract tuberculosis unless directly exposed to the germs of that disease. But such a child can contract chronic hunger, can in a hundred ways pay the penalty for being pampered or otherwise neglected. Physical examination is needed to find every child that has too little vitality, no zest for play, little resistance, even though sent to a private school and kept away from dirt and contagion.

"After all, the main thing is health—health of body and health of mind." This truth is axiomatic with us, yet we lose sight of it in the stress of modern living. Let us not forget it for one moment, however, in dealing with the children. Physical training must go side by side with mental training. The curriculum of the school must be fitted to the twofold need of the growing race.

The complexity of the present-day life has had its effect on the schools; the course of study is so crowded with "isms" that the training of the body is either slighted or entirely neglected.—*Motherhood Magazine.*

MEDDLING LEGISLATION

According to one public official of an adjoining state, all newborn babes should be fingerprinted, perhaps with the idea, we suppose, that some of them may develop into murderers, and hide from the toils of the law.

What a lovely chance to add to the burdens of the overharassed doctor! Soon there will be advertised outfits for the small sum of five dollars to assist us in the work. Just whether the proposed information will be written on the birth reports, or whether separate charts will be furnished, might be of interest. If our opinion were solicited, we would propose extra blanks, in order that those blue slips might be used for other interesting information not at present tabulated thereon. As such things largely follow army precedent, why not include such information as to the color of the eyes, moles and warts, or even add something about the umbilical cord? Ot we might add the occupation of the newborn, just as we do when making morbidity reports. With medicated alcohol selling for $1.50 per pint, we would hesitate to suggest a record of the examination of the new citizen's urine; still, surely as physicians we must have enough interest in the tabulation of public health reports to pray that even the last be included!

In passing, it seems a pity that state officials are obliged to call upon us in person for information relative to the amount of narcotics we dispense. Would it not be a good idea to have special slips furnished us that we might make those reports by mail? In spite of the high cost of living, we notice that the price of stamps has not risen; so we should have no great cause for complaint on the score of unusual expense.

Ola.26—MEDICAL SUMMARY—M. P.
DIFFERENTIAL DIAGNOSIS OF PYREXIAS

Torregrosa discusses how to distinguish between continuous and remittent malaria and stomach- iver infections and between the former and typhoid. What seemed to be an acute gastr c indigestion and then a "gastric fever," uggests yphoid by its persistence and temperature curve, but finally examination of the blood reveals the malaria parasites, and prompt recovery follows exhibition of quinine. The family, and often the physician, believe that malaria has become superposed on typhoid, but earlier examination of the blood would show that malaria was responsible throughout and might have been aborted at the start. If quinine is given, the inolerant stomach may

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reject it at once, adding to the confusion as the anticipated benefit from the quinine does not follow. He protests against the routine practice of giving quinine hit or miss in every pyrexia. In this case it is not given systematically or in adequate doses, and merely misleads. Typhoid in Porto Rico usurlly begins suddenly, with a chill, and the fever runs up high the first or second day. The remissions are more pronounced than is usual in typhoid, and there are few and slight, if any, nervous symptoms—all of which adds to the difficulty of distinguishing between it and continuous. remittent malaria. He reviews all the signs and symptoms that may aid in differentiation, but his own rule is to exclude malaria first in every continuous fever in the tropics before considering any other etiology.—*Porto Rico Med. Assoc. Bull.*

Two representatives from the city of Brussels, Mr. H. Goosens-Bara of the public hospital board, and Mr. J. B. Dewin, architect, who are coming to the United States in connection with a plan for the development of facilities for medical education in Brussels, to which the Rockefeller Foundation is giving financial assistance, will arrive in New York on the *Lapland* which is expected to reach port on Sunday.

Mr. Goosens-Bara, who comes as the official delegate from the hospital board of the City of Brussels, is a prominent lawyer and a public-spirited citizen, serving as a member of the unpaid board which administers the hospitals and dispensaries of Brussels. His object in visiting the United States is to familiarize himself with hospital administration in this country.

Mr. J. B. Dewin, the other visitor, has been appointed by the City of Brussels as architect for the new hospital of St. Pierre, a public hospital to be used as the teaching hospital of the medical school of the University of Brussels. He has also been appointed architect of the laboratories to be built on the same site. Mr. Dewin has built the Cavell-Depage nurses' training building in Brussels and the Red Cross hospital and clinic, as well as a number of private clinics for leading medical and surgical men in Brussels. He comes to this country to study recent types of medical laboratory and hospital construction before developing his own plans.

The Rockefeller Foundation is contributing more than $3,000,000 for new buildings and endowments for the medical school of the University of Brussels. The laboratories and classrooms of the medical school will be entirely rebuilt and redeveloped on a new site adjoining that of the municipal hospital of St. Pierre, which is also to be rebuilt and reorganized. The new hospital will contain 350 beds with a well-equipped out-patient department, laboratories, and accommodations for teaching and research.

As a part of the general plan, a nurses' training school is being established in memory of Edith Cavell and Mme. Depage, who lost her life in the sinking of the *Lusitania* when returning from America after soliciting funds for war work.

These two distinguished visitors are coming to this country as the guests of the Rockefeller Foundation. On their way back to Belgium Mr. Goosens-Bara and Mr. Dewin will also visit hospitals and medical laboratories in Great Britain.

GELSEMIUM IN INFLUENZA

Small, in the *Edinburgh Medical Journal*, states that at the beginning of the second wave of influenza he and one of his associates carried out investigations with the object of determining the relative value of certain likely remedies. Groups of patients were put upon different drugs, and their progress was noted and compared. Among the drugs tested in this way was gelsemium. The cases treated with this remedy improved in a manner far exceeding those who were given any other drug. All their patients were thereafter put, as a routine, upon moderate doses of gelsemium, in the following prescription:

℞ Tr. gelsemii..... ♏ xij
Tr. belladonnae..... ♏ v
Potass. citratis..... gr. x
Syr. aurantii..... ʒ j
Aq. chloroformi..... ad ʒ j

Sig.—One ounce every four hours, for the first twenty-four hours; thereafter half an ounce four-hourly until the temperature is normal.

The remedy should be discontinued after the temperature has reached the normal. In a very small number of cases, the use of the remedy was attended by slight ocular disturbances, and if too long continued it may give rise to mild head symptoms. No other disadvantages were noted in the large series in which it was used.

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Summary Gleanings

The Cleanly and Convenient Tablet—Although Gude's Pepto-Mangan, the standard hematinic and tonic, has been prominently before the medical profession for thirty years, it is but recently that this deservedly popular product has been marketed in tablet form. After a long period of experimentation, the manufacturers finally succeeded in preparing a tablet which contains in condensed and therapeutically active form, the medicinal ingredients of Gude's Pepto-Mangan, in stable and inalterable condition. The practitioner is now able to order or prescribe the remedy for teachers, travelers, business men and women, and ambulant patients generally, without subjecting them to the inconvenience of carrying a liquid from place to place. Two tablets are equivalent to one tablespoonful Gude's Pepto-Mangan liquid. The manufacturers, M. J. Breitenbach Co., are prepared to forward samples and literature to any physician desiring same.

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All information relating to it will be forthcoming by addressing Henry B. Platt Company, 45 Cliff street, New York City.

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Medical Lib.

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.
Vol. XLIII
DR. R. H. ANDREWS' EST., Publishers
2321 PARK AVE., PHILADELPHIA, PA.
No. 9
ESTABLISHED 1878

Nervous debility, nervous exhaustion, and all asthenic affections of the nervous system, so prevalent to-day, will respond to treatment which will replenish the reduced mineral reserves of the system and supply the necessary phosphorus to restore degenerated nerve cells

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says a well-known physician, "are merely the 'cry of the nerves' for tonic treatment and better nutrition."

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Used in two to four teaspoonful doses, three or four times a day it

1. *Raises the quality of the blood,*
2. *Improves bodily nutrition.*
3. *Overcomes nervous exhaustion,*
4. *Relieves irritability and pain of the nerves,*
5. *Imparts resisting and staying power to the nervous system,*
6. *Restores the vitality and strength of the whole body.*

Often, therefore, when all other remedies fail to control neuralgia or neuritis, Gray's Glycerine Tonic Comp. will afford prompt and permanent relief.

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The results are almost invariably entirely satisfactory, but what is of especial importance, they are free from cardiac depression, or the dangers of creating a drug habit.

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The MEDICAL SUMMARY

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

DR. R. H. ANDREWS' EST., Publishers, 2321 Park Ave., Phila., Pa.

Vol. XLIII Philadelphia, January, 1922 No. 11

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"THE MEDICAL SUMMARY"
2321 Park Avenue Philadelphia, Pa.

Entered as second-class matter March 31, 1890, at the Post Office at Philadelphia, Pa., under the Act of March 3, 1879.

ONWARD

Onward, ever onward! Time is implacable and relentless and the force and power is felt in completeness by those who wearily struggle along life's pathway that ends in the ever increasing darkness that surrounds advancing years. Struggle; no, driven, as by the lash of one who knows no sympathy or compassion, for these vagrants whose tenure of life seems forfeited, and whose grip on earthly things is fast losing the hold that will soon fail them altogether.

These are not the vaporings of the misanthrope, the escatorials of threadbare themes, or battling with the chimeras of a perfervid mind, but they are the indelible record of life's and time's methods of cosmic progress. Nor do they apply solely to the conditions of those who are on the declining slope; but it is, as it were, the pitiful cry of the young mother whose life and her child's are one, when the little one is taken, and she is forced to take up the empty life alone; and the plea for relief from those who have sunk into the depth of a pitiful poverty from which there is no apparent escape, but only the fell threatenings of a still deeper degradation.

All these mental problems are inextricably interwoven with material force and power. What do the sufferings of one added to the many signify in the aggregate of human woe? How soon the human limit of reasoning power is reached, and lost in the mazes of perplexity! Whence this irresistible sweep with which no opposing wave can contend but to be defeated at every effort? The materialist will say it is all of earth, and earthy. The physicist, that it follows the law placed into action in evolution's time. While creative power set in motion when the Spirit of God brooded over the waters "in the beginning," is the conviction of all who hold "The Word" as the only truth.

But the minds of those who lived the doctrine of all but the last, is lost in the labyrinth of speculation and the sophistries of specious argument that ends nowhere but in a boundless Sahara of

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"Upon my arrival, I found him confined to his bed, where he had been since a few days before Christmas, during which time his life had been despaired of by his invalid wife and friends for more than once. He said he had taken medicine till nothing seemed to be of any benefit, and surely when I saw his pitiful condition, I, too, thought very little could ever be done for him, considering his advanced age (nearly seventy-five) and the length of time he had been subject to these periodical attacks, every one leaving him worse than before, the effect of the malady and, also, his advancing years. Before going to see him, I went over my entire supply of medical lore to find something he had not taken, as I knew what his trouble was, though did not know it was any worse than former attacks, even though it had kept him in bed a much longer time than usual. Well, several years ago, my medical uncle, Dr. E. H. Hornaday, died (God bless his memory), one of the old-time country doctors, who never let a good thing pass his retentive mind, and I fell heir to his library, of which I was very fortunate in getting, and in looking through his recipe book, on Bronchial Asthma, I found the following prescription:

ALMOST A SPECIFIC FOR ASTHMA

℞ Tincture gelsemiuma .....℥ j
Tincture lobelia .....℥ j
Potassium bromide .....℥ ss

M. SIG.—Twenty drops in water every three hours.—THE MEDICAL SUMMARY, A. D. 18—.

"From the very best information I can get, this has been twenty-nine years ago, since Dr. Hornaday put this valued prescription in this old book, and the first time I had found it in the ten years that I have had his library.

"I put my uncle on it at once, and the effect was simply magical, for in less than a week he was out of bed and in his usual health, only very weak from his long confinement, and after two weeks I again saw him, and told him to take only two or three doses a day, and also gave him equal parts of haematic hypophosphites, and elixir lact. pepsin, and his improvement has been most satisfactory, considering his age, and he is again able to minister to the comforts of his invalid wife, who has been in a roller chair for years, afflicted with articular rheumatism, and cannot walk.

"So you see, Brother Andrews, this seed you sowed, more than a quarter of a century ago, is still springing up and bringing forth an abundant harvest, and also bringing happiness and relief to suffering humanity, and gratefulness and thankfulness to hearts bowed with years of suffering and only waiting for the summons to call them up higher.

W. B. CRAWFORD, M.D.
R. F. D. 1, Oak Glen Farm,
Goldsboro, N. C."

By a fortuitous reading over of the contents of back numbers of THE SUMMARY this highly *highly* pleasing extract of an article by Dr. Crawford most fortunately caught my eye. It is most opportune as confirmatory of the drift of thought on "Sympathy" in the present number. It openly and willingly on the part of the writer reveals the inner and most sacred workings of one human soul, and also the boundless good that can flow from an apparently trifling act. None can measure, gauge or foresee the far-reaching result of even a trifling incident in which he is a factor or, fortunately, may be the chief actor.

The endearments of home are the blissful treasures of those who keep their hearts young and free from the enticing and distracting that force their way into the crevices of every life that does not

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fortify itself against the insidious sway that seems to have its supply in some endless source of evil.

But if we are true to the love of that which belongs to home with the halo of the spirit of mother permeating and blessing it, and with the truth and glory and radiance undimmed and sullied by the touch of environments that intrude themselves unbidden into the sacred precincts of the sealed and precious in life; it is then, and only then, that the bonds of the soul itself are released, and it too floats out into the filmy sea of infinitude, borne on a wave of love and fleecy light whence springs this unquenchable thirst for home and the cheering afflatus that brings light in the darkest night, sends hope, and is incentive to courage and to resolution to face all future battles of life.

Folk-lore may be adduced as part of the true spirit of home by some sympathetic reader, who may be led through this feeling, into reading these efforts to "keep the home fires burning." Some may have had their origin in pioneer days in front of the blazing logs in the long evenings following hard wintry days; for warmth does not exhaust itself in soothing and comforting the body, but reaches deeper and melts the moods of older folk to reminiscent retrospect of that which happened in earlier days when sinews were strong and resolutions high with courage that would not be crushed.

SODIUM CHLORIDE

Sodium chloride is a mystic salt that in its many singular and peculiar characteristics gives glow to imagination, and yet confuses and tantalizes the mental power that expends its force in trying to encompass something that after all is illusive and visionary and ends in discomfiture and chagrin. This traction on the imagination is caused by the contemplation of the intimate and tenacious character with which the most abundant alkali is united with a most plentiful antiseptic agent that is of such supreme importance in the chemical industries of the world. Coupled together as they indisolubly are to that degree which nothing but chemical destruction break, linked to the greatest and most important of the world's industries, and withal are found united with the closest ties to the culinary and bodily wants of millions upon millions of human beings and minister to the wants of countless hosts of animals.

No cavil or apology needs be evoked from any source, high or low, for allowing one's thoughts to run riot in such a fruitful realm of imagination. The dullard should be ashamed not to be moved at such a stirring prospect.

The vast and ponderous impresses the soul and excites our awe in a manner absolutely antithetic to the contemplation of the beautiful; and if we approach the study of our lowly, familiar, humble, every-day table salt in this light; oh, how the gates of illumination are opened wider and wider until the soul is lit up and dormant poetic emotions awakened, despite the awe and the revelation of our utter insignificance is so humiliatingly and forcibly forced upon us! Nevertheless, ponder the *source*, "Ye are the *salt* of the earth."

The stupendous and the ponderous? The oppressively awe inspiring? We have them both in the vast salt mines very near our doors.

The matchless, glittering cataracts proudly scintillating in their hundreds of feet in height from the huge subterranean caverns that have been excavated by man to their insistent homage.

When you can't have what you choose, just choose what you have—*Wister*.

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Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

BLOOD PRESSURE READINGS
V

By W. R. ANDREWS, M.D.,
Mannington, W. Va.

In Pregnancy

If no other application of our present knowledge of blood pressure were made than in pregnancy, its value would pass unchallenged. For, while observers differ considerably in their conclusions as to what figures indicate danger, there is a singular unanimity of opinion that a considerable rise in maximum blood pressure invariably precedes and accompanies puerperal eclampsia; and that a low maximum blood pressure is a very favorable sign in pregnancy. After awhile, when more and many different observers report their findings there will be a better agreement as to what figures should be accepted as constituting danger signals in pregnancy.

Since blood pressure readings have become the routine with the more careful practitioners, in pregnancy we have ceased to regard albuminuria, *per se,* as the bug-bear it had heretofore been considered. All the older physicians have known many cases of albuminuria in pregnancy that did not seem to exert any baneful influence on the course of the gestation and puerperium. Yet, we feared eclamptic phenomena if it persisted. Now we regard it as of little significance if a low blood pressure accompanies it. Perhaps even then we should omit no effort to investigate the kidney condition and locate the blame for the albuminuria, but the worry as to impending eclampsia is minimized by such a combination.

Most observers acknowledge that pregnancy tends to increase the normal systolic pressure somewhat. A few writers (H. C. Allen, of Brooklyn, among the number) think normal pregnancy tends to produce a lower systolic reading.

Accepting the normal average of systolic pressure for women during the usual child-bearing period as ranging from 110 to 120, as given in my second paper (June MEDICAL SUMMARY), we become apprehensive when we find it persistently above 130. If, in addition, we have albuminuria, or a decided renal insufficiency, our fears are increased. If the woman is under thirty years of age this pressure is of still more significance. Some writers place the general danger line at 150 (Faught), but I believe this is entirely too high, though I cannot speak from experience. Routine blood pressure-taking in pregnancy is not a sufficiently old practice to enable the general practitioner to be dogmatic from personal observation. If a pregnant woman with such a systolic pressure has a demonstrable arteriosclerosis or other causes for increased pressure that preceded the pregnancy, then this height may not be so significant. To again cite C. H. Allen, he becomes concerned when the pressure exceeds 120.

It is to be borne in mind that it is a persistently higher reading that demands

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so much consideration and one that is tactfully taken to avoid producing nervous influences increasing the reading. In such cases there should be three or more successive readings at each sitting and the lower one accepted.

Sclerosed arteries are not so common in women as in men, and in neither sex until after the forties. Their presence in a pregnant woman of forty years of age does not exclude danger from eclampsia if we have a high systolic reading, for the toxemia that has produced arteriosclerosis preceding the pregnancy may be able to produce convulsions in the pregnant state; or, possibly, a different toxemia may co-exist and be an etiologic factor in eclampsia. However, a moderately increased systolic pressure of 140 or 150 can be accounted for if the arteries are sufficiently sclerosed to demonstrate the condition by rolling under the finger, in which case one hardly need anticipate the likelihood of eclampsia, unless there are other reasons to suggest it, the leading ones being in the urinary findings.

Urinalyses and blood pressure readings should go hand in hand in our routine examinations of the pregnant woman and are especially important in the latter half of the period. If a moderate or a marked degree of increase in the blood pressure observations is present the urinalyses should amount to more than a perfunctory search for albumen. And while it is not quite germane to my subject, I would suggest that estimation of total solids for the 24-hour period should always be a part of such urinalyses regardless of any and all other considerations.

The lemon syrup, which is generally sold in bottles, is manufactured from tartaric acid; a fraud, rather harmless in character, as no injury results from its use.

CASES IN THEORY

By J. P. Dickson, M.D.,
Keokuk, Iowa

Cause of Abortion

It seems my "Cases in Practice," published in September, is honored with a second edition in November. However, it seems some revision is needed. In the abortive case I did not apply ammonium chloride on a "mustard pad"—merely a wet pad, and I referred to the case as of the inevitable sort and not "result," but now let us look at the theory of abortion. In practice this is difficult, because so often the patient has been to see some doctor and we know no more and can exclude too little. Thomas is not specific in theory in his "Abortion." In Dr. Andrew Combe's "Treatise on the Physiological and Moral Management of Infancy," he goes to pre-natal theory and on page 72, edition of 1840, is this: "Where digestion continues unimpaired, and the superfluity of nourishment is taken into the system, a fulness and sense of oppression ensue, which infallibly lead to mischief, when not timeously relieved either by nature or art. Occasionally, bleeding from the nose or lungs, or from piles, removes the impending danger. At other times, blood is purposely drawn from a vein to avert it; but now and then it happens that nature seeks relief by attempting to re-establish the customary discharge from the womb, and if she is aided in her efforts by any accidental imprudence on the part of the patient, the attempt will be successful, and accompanied probably by a miscarriage and a risk of life." When I remember my case had piles, I cannot much suspect the first doctor, but with many women "once is enough," even when married, and my case was over enough possibly. Though

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weak, it is very probable the lady ate too much, the first still nursing though, as ample money was available to supply every wish. I had hoped some one would supply the theory and I can offer this but imperfect statement.

Theory of Spontaneous Combustion of the Human Body

Going back to my May article, we find in theory we can get acetylene from alefiant gas, C_2H_4, and it from alcohol. Well, Dr. Carrington's case, referred to by Dr. Podolsky in November, seems easy enough to put into a theoretical series. Chestnuts contain much starch, the patient had all day access to them, and a chance for superfluity of nourishment, the starch became sugar, the sugar alcohol, the alcohol alefiant gas by reason of insufficient oxidation, both before and after death, and the alefiant gas became for the same reason C_2H_2, which could be eliminated by the skin, which takes fire in open air (not always with explosion), and which burns with a pale flame and might do so with no considerable heat (enough to ignite tightly woven fabric) and so an alcoholic or gormand either might be dangerous in a cotton gin, powder factory, etc.

Theory of "Low Grade Inflammation"

At the close of one of my economic articles I asked aid in a case of palmer tumor and contracture. Technically this is Dupuytren's contracture or contraction. I have now twice seen my second case, which is going the typical course without treatment by me and without effectual check. My first case was relieved of all pain by Pil. Stroneylate (salicylate of strontium). Most injuries in most people need an alkali and strontium is fully five times as effective as any other in the same size dose. Inflammation means dulor, calor, rubor, tumor, but low grade lacks redness in this situation at least, and heat is far less in evidence than the lump and pain, which goes up the arm and seems to be going yet. Low grade is thus virtually of the essence, time. Frank inflammation does not hesitate—low grade does.

Theory of Other Science and Art Than Ours

Last summer I ran across a shrub on a rocky creek bank that I took to be prickly ash, but I have searched the town for botanical evidence of such ash with such beautiful reddish-purple blossoms. I heard of a small tree in a field likely the same. I ran onto another thorny shrub not described by any writer and succeeded in transplating it, despite the dry season. The bark of the first shrub certainly has medical power resembling prickly ash, and its leaves were ash-like. Writers are in conflict enough, but facts are too few in most books to cover this region. The grass that put blue in blue grass is here on my lot, and I cut hay in December. The tough stem went along with blue crown blades that when cut or bruised had more grass odor than any other. The root stalks spread on a drier and steeper place than even Canada or Kentucky blue, both also native on my lot. So I get early and late hay. I can also feed early and late beans, as I have sorts adapted by growing hybrids.

Miners' Consumption

The results of an investigation of miners' consumption in the mines of Butte, Montana, which extended over a period of four years, are given in Technical Paper 260, by Daniel Harrington, mining engineer, and Dr. A. J. Lanza, of the United States Public Health Service, just issued by the United States Bureau of Mines. In the course of the investigation more than one thousand miners were subjected to physical examination, and approximately 42 per cent.

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showed signs of dust injury to the lungs. It was found that the death rate in Butte in one year from tuberculosis was nearly thirteen times as great as that of the State of Michigan.

It has long been recognized that workers in hard-rock metal mines are subject to diseases of the lungs, say the authors. Extensive investigation in England, in British possessions, and in the United States appear to have revealed that the so-called miners' consumption or miners' phthisis is produced by the mechanical irritation of the lungs by particles of dust of rock containing free silica; that dust is dangerous in proportion to the amount of free silica or other hard, sharp, insoluble material it contains; and that the particles of dust small enough to enter and remain in the lungs measure less than 1-2500 of an inch in longest dimension.

Miners' consumption is mechanically produced, is neither contagious nor infectious, develops slowly, and by the production of scar tissue gradually impairs the function of the lungs. The length of time necessary to produce the disease depends on the length of time the miner has worked in rock yielding hard, sharp, insoluble dust, the amount of silica in the dust to which he has been exposed, the steadiness with which he worked, the intensity of application of the man to his work, the actual nature of the work he has done underground, and to a great extent on the general conditions under which he works.

Miners' consumption may in itself produce disability and death. As a matter of fact, this disease so predisposes a man to various infections of the lungs and bronchial passages that few victims escape such infection. Pneumonia and tuberculosis are especially likely to occur, and the vast majority of miners with a considerable dust damage to the lungs contract tuberculosis and ultimately die of it, particularly if exposure to the dust continues. In such cases, tuberculosis runs a more rapid course than in the ordinary individual.

It is also recognized that as the larger mining camps become more crowded, with consequent gradual deterioration of housing conditions, the probability for tuberculosis infection increases, and the infection tends to become more and more prevalent and to occur earlier in cases of miners' consumption. The menace to the life of the miner and the menace to the community in general, from the spread of tuberculosis to the miners' family and associates, becomes more evident from year to year.

The Butte investigations started in 1916 and extended through four years. Much progress has already resulted from pointing out dangerous conditions and practices and from the men and the mining companies heartily attempting to apply remedies. There has been much experiment with the use of water drills for drilling upper holes in the hope of eliminating the great quantity of dust produced by the drilling of dry upper holes, and seven machinery concerns have given and are giving much time and expense toward the development of a more efficient wet drill for such holes. At some mines water pipes have been placed in drifts, stopes, and raises, and men are required to sprinkle dry rock piles, ore and waste chutes, manways, and other places where the handling of rock produces considerable dust.

Most of the mining companies in Butte have engaged men to give special attention to ventilation problems, and extensive betterments have been started by several companies. One company has placed orders for ventilating equipment costing several hundred thousand dollars, and including about 325 electrically

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driven fans of various sizes and capacities.

Copies of Technical Paper 260 may be obtained by addressing the Director of the Bureau of Mines, Washington, D. C.

FORTY YEARS A COUNTRY DOCTOR

By W. H. THOMAS, M.D.,
Steeles Tavern, Va.

It has now been forty years since I first hung out my shingle and offered my professional services to the people of this community. In that time there have been many changes; the doctors, living in the nearby villages, who were my friends and consultants, have all gone to their rewards; and many medical fads have come and, fortunately, gone, and wonderful strides in medicine and surgery have been made.

It was about this time that Lister brought out his antiseptic surgery and which did so much to make surgery what it is today. Therapeutic nihilism was one of the fads of this period, but I am glad to say that it is on the run and rational medicine coming into its own.

When a boy of twelve or thirteen years old, I had the idea of taking up the profession of medicine firmly fixed in my mind. I read everything I could find on medical topics, some way I came into the possession of a copy of "The Code of Ethics of the American Medical Association." I read it many times, and firmly believed that all physicians lived strictly up to its teachings, and the more I read it the more noble the medical profession seemed to me. During the last forty years I have found that the great majority of the profession do live up to the code of ethics, but I have found a few who have never seen a copy of that little book, or have wilfully trampled its teachings under their feet. Most physicians I have met were loyal and true to other members of the profession, to their patients and to themselves.

During the first year of my practice a man called on me to go ten miles back in the Blue Ridge Mountains to see a sick child. It was late in the evening, but the weather was lovely. The man said the money was waiting for me. He was walking, but said he could keep up with me. I traveled on horseback those days. So off we went, he trotted along quite keen, keeping along by the side of my horse very well. While ascending the mountain the man said he had a pain in his stomach, and would try it on all fours awhile. For several miles he cantered along in this fashion, but before reaching his home the pain seemed to be relieved, and we finished the journey in pretty good time. After prescribing for the child and eating some supper, I was ready to start homeward. After a persistent and apparently thorough search he or his wife found a twenty-five cent piece, all they could or would find for my trip. The man is dead and his wife is dead, I don't know what became of the child. but I do know that lone quarter was all I ever got for my trip. There may be something coming to me later on that visit, but time only can tell.

About thirty-five years ago I spent the night at the home of Mr. R. F., a very nice old man and a good patron of mine. He also lived on the Blue Ridge Mountain. He had a very sick child and all the old women around in the neighborhood were there. Mr. and Mrs. were good old souls and put me to bed in their best bed, which was in the family room. It was one of those immense structures, with a huge straw tick and on that a large feather tick.

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I was tired and at bedtime crawled into the structure up near the ceiling, almost as high as the upper berth of a sleeper. Some time later, the child being quiet, the old ladies made themselves pallets on the floor by the side of my bed. Whether I ate too much corn-pone for supper or was too hot, I know, but I must have slept restlessly and by accident got too near the edge of the bed, and as a result my two hundred and fifty pounds landed on the floor among the old ladies. You ought to have seen the frantic scramble it caused among those old sisters; no screams or noisy manifestations of fear, but that determined effort to get out of danger's way.

Well, to suffer is divine;
Pass the watchword down the line;
Pass the countersign, "Endure"!
Not to him who rashly dares;
But to him who nobly bears,
Is the victor's garland sure.
—*Whittier.*

Four things come not back: the spoken word, the sped arrow, time past, the neglected opportunity.

Beauty is the stainless soul within
That outlines the fairest skin.

Seedom "Can't"; seldom "Don't".
Never "Shan't"; never "Won't".

Constipation can be prevented by eating one or two oranges daily, before breakfast.

To avoid cystitis always administer formin when catheterizing a urethra.

Obstinate cases of constipation have been cured by drinking as much cold water as possible.

USE OF OPIUM IN PNEUMONIA

By T. C. Estes, Barron, Mo.

Editor of The Medical Summary:—

Not so very long ago I read the record of a doctor which he wrote of himself.

He said he had practiced a number of years and had not cured anybody and had not killed anybody. I thought it was a very poor record considering the cheapness of opium in those years.

A drug which I had almost discarded as the most subtle and dangerous drug in the world. I have neither prescribed nor dispensed opium or its derivatives for relief of pneumonia pain for more than twenty-five years and have lost very few patients.

Opium given to the extent of relieving pneumonia pain slows heart action, causes blood stasis, astringent effect, aids coagulation in those cases a heart stimulant is indicated, and given with the inevitable result the heart soon responds to the lash. In a short time the mouth of the pulmonary artery is obstructed with clotted blood and, of course, the patient soon gets easy instead. Clean up cesspools of toxins with initial course of calomel; reduce temperature if necessary; every second or third evening a small dose of calomel and diffusible stimulant, carb. ammon., and your patients all recover.

Any doctor knows theory is wrong if it cannot be proven by clinical test. In ancient times a half teaspoonful of calomel was the initial dose in treating Asiatic cholera, and some patients recovered, too —but the balance died, of course, but no one had time to stop to learn what killed them, the cholera or the calomel. But a remarkable fact is, that almost everyone that got the initial dose during the first stage of the disease recovered.

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Why, sure, theory is a stunner when compared with clinical experience all along the line. For instance, some of our best and most worthy authors recommend digitalis in the treatment of rabies, when a clinical test of only one dose, in my personal experience with rabies, came near proving fatal to me. For the safety of your patients, bear in mind that a few doses of digitalis given before the crisis in rabies will induce premature convulsions which precede death only a short time.

By A. V. BANES, M.D.,
St. Louis, Mo.

I graduated at the Jefferson Medical College, Philadelphia, in 1868 class, and have practiced medicine in Saint Joseph, Missouri, ever since. In looking over my note book I find many interesting cases, and think the profession will be interested by citing treatment of some of them. A young girl, aged eighteen, had been troubled with a tapeworm for several years and had taken most of the remedies employed in such troubles with no effect—only passing detached portions of the worm—and I gave her this ℞: Sulphur precipitate, 2 ounces; sulphid calcium, 80 grains; dispense capsules, 40. Sig. One every hour until five were taken daily. At the end of the fifth day she passed the entire worm and you could see the head with the naked eye. Variety: Taenia Lata. Several days previous to taking the capsules, gave her strong lemonade with half a teaspoonful of Epsom salts to take away the mucous. Protection around the head and kept her on a light, liquid diet. The sulphur and calcium make unfavorable soil and the result is certain.

For ivy poisoning I give you my favorite prescription and have used it with marked success for half a century; ℞: Phenol puroc, 1 ounce; glycerine, 2 ounces; pulverized oxide zinci, 3 ounces; liq. calcis g. s., 8 ounces; shake label.

Use *sparingly* often.

Useful for any irritation or itching surface of skin.

A specific for chigoes or stings from insects—in chronic eczema very valuable. My clientele think well of it:

Itching piles—relieved by the following: ℞: Phenol puroc, 1 ounce; ung. hydrarg. nitrate, 1 ounce; ung. sulphur, U. S. P., ss drams; ung. oxide zinci benzoate, ss drams.

Mfb. ung.—use freely within rectal canal and outside of the muscle of the sphincter.

THE PHYSICIAN

By F. L. BOTT, M.D.,
Lexington, Mass.

Editor MEDICAL SUMMARY:

I shall not write this time about any special medical treatment, as all your readers can go to the books and get that, but I shall deal with the doctor. I may seem a little "sissie" in my remarks, but I feel just what I say. In the first place the doctor is supposed to be a man who makes things pleasant for others, or he should. He should set an example in dress, language, morality, and general habits. Would a doctor go into a church with an old pipe, cigar, or cigarette in his mouth? No. But if you go to a medical meeting you find the doctors puffing old pipes, cigars, cigarettes, or spitting tobacco juice all around. If I liked to smoke an old pipe I would get off to myself and smoke it and stick it away somewhere till I wanted it again. I would not do a thing that made it unpleasant for others. I would not walk

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into a store or any place of business smoking an old pipe—a cigar is better—but I would not puff smoke in the air for others to breathe, and walk out leaving ladies and men who do not smoke the sufferers. Many have severe headaches from it—many men go home and their wives say: "Some one has been smoking you." It remains in the hair, beard, and clothes for some time. If I saw another smoking in a room I would no more begin to smoke because of that than I would begin to use profane language because I heard some one else. Right is right and wrong is wrong, and a nice man deserves the same treatment as though he were a lady. Doctors should be careful in talking, as folk say: "Doctor So and So said this or that." You, as a doctor, should be a good man. I believe it more important for the physician to be a Christian than it is for the preacher, because the preacher deals with you from a distance, while the doctor deals directly with you, and more than that, the greatest physician the world ever knew or ever will know was Jesus Christ. I believe every dose of medicine given should have a prayer for Divine guidance. I believe all treatment, though it be to the poorest negro child, should have the same care, skill, and diligence as though it was the most beautiful daughter of a rich man. You may ask—what has my belief amounted to so far in life? I would not mention this, only to prove what I say. I am just fifty years of age and have a living that I have accumulated from the practice of medicine. That is, if I were to die today my wife and son would have an income to care for them, and I never gamble and never expect to. I take no stock in get-rich-quick stock. I have learned to say *no*—the hardest word in the English language. I believe in medicine backed by an honest hand with faith in God. I believe all credit should be given God and we only creatures of a means to an end. I believe our lives should speak so loud for the rights and lives of others, that we, like the Great Physician, would preach a sermon in each piece of work done. I know many will read this and smile a smile of disapproval, but many will say I am right. Doctors are a pretty hard bunch to convince. If any doctor reads this who has not done as well as he would like, I would suggest that you try it one year and see the results. Place your whole faith in God, giving all credit to Him. Step out from the shadow of sin and place your whole work on a higher plan. Pray for your brother physician to succeed in all right work. Say kind things where harsh things have been said or thought. When you go to do a thing, ask yourself is it right. I know you will do better. Right will live when we are all gone to our reward. Stop thinking evil of your competitor. You will feel a larger man within your soul. Let your competitor carry his own sins and do not try to carry any but your own. We all know enough medicine to get on well, but we need more than medical knowledge. We need common sense. We need iniquity purged from our souls. We need rearrangement within ourselves.

FRIENDSHIP

(From the Milwaukee R. R. Magazine)

True friendship only thrives and grows
When it is watered by sincerity;
When each one loves and cares; and knows
The other's faults, forgives asperity
And tries to brighten up each hour
With words of cheer and never rails
At little faults, or lack of power.
It only lives when honesty of mind prevails.

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CONSTIPATION

By FLORENCE GARVIN, M.D.,
Arden, Del.

Constipation, from the point of view of the mechanical principles of bodily construction, is a deadlock. A muscular impulse to excretion from one side is counteracted by an impulse at the same time from the other side; or a muscular impulse starting at the back of the intestines is counteracted by an impulse at the same time from the front. Ask any sufferer from this disorder if such is not his sensation.

Constipation is rightly considered not a disease, but the soil in which diseases grow. When chronic, as is the misfortune of many middle-aged people, poisonous waste of the body is not rapidly and thoroughly excreted, with the result of resorption into the blood, and the consequent blood diseases of rheumatism, anemia, etc. A vicious circle is induced, which causes the obstinate, unyielding, persistent nature of this trouble.

Another mechanical aspect of this trouble is the continuous pressure downward on the blood vessels that connect the lower limbs with the body, giving rise to sluggish veins in the legs, or, at worst, varicose veins, and a poor flow of blood to the extremities, causing cold feet. Another mechanical aspect is the pressure upwards against the end of the spine, causing a tightness throughout the spinal column and resultant backache.

In women, menstruation increases the tendency to constipation, and the same is true of pregnancy, because of mechanical pressure from a full uterus upon the excretory member just below and behind. A certain prudishness in family tradition is responsible for lack of instruction in preventing this trouble, which need never have reached the prevalence it has at the present time.

When constipation has become chronic, remedies, even when the right and rational ones are adopted, achieve only gradual relief, as the muscular habit of the bowel has become as described in the first paragraph.

Simple remedies adopted persistently by the sufferer and oft repeated help chronic constipation. Such remedies as eating something very salty frequently, so that soon after one is compelled to drink several glasses of water, tend to wash out the alimentary canal; or going without a meal frequently, when not specially hungry, tends to rest the muscles of the digestive system, and, like all rested muscles, they do better work.

For exterior helps, a cold shower bath directed against the anus daily tends to give tone to the exterior muscles generally. The enema habit or the suppository habit must not be formed, as they are substitutes for the muscular action of the rectum, and tend to make the muscles more and more inert and helpless. To the daily bath should be added daily manipulation of local muscles and gymnastics for local parts by the sufferer.

Gymnastics and manipulation for these sets of muscles are best done in bed on waking in the morning, as in a standing or sitting position, the weight of the upper part of the body makes these muscles almost immovable; and in persistent cases, the sufferer will have to do it lying first on one side and then repeat lying on the other side, as the muscular tissue between the lumbar vertebrae is practically unusable.

As the case tends toward a cure some stirrings of muscular life will be felt by the sufferer in the lower part of the spinal column, but, in the early stages of these efforts at self-help, there will be no motion upward and downward in the spinal

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column. The manipulation, or passive exercise, must therefore be taken where the muscles do not respond to any voluntary action.

Coarse, bulky diet is only a temporary remedy, and laxative medicine itself has to be excreted ultimately and cannot be of any assistance to the excretory system.

APOCYNUM

By J. Wm. Trabert, Lebanon, Pa.

In the December Summary, the editor requests the physicians to write out their experience with apocynum. I have made use of it in a number of cases of dropsy, although my experience may not have been as great as some of your readers. Only recently a lady, aged seventy, had dropsy. She could hardly sit on a chair and yet could hardly remain in bed. Her limbs were greatly swollen; she was voiding only a few ounces of urine a day, bowels constipated. I gave her medicine to act freely on the bowels and three 1/12 grain of apocnoid (Abbott), also two 1/6 grain arbutin every two hours. The arbutin was discontinued in a few days. With this I gave a tonic of triple arsenate with nuclein three times daily. In about three weeks the dropsical effusion was nearly all gone, she voided the proper amount of urine, has a good appetite and rests well at night. The quick relief and improvement produced by the remedy were most gratifying and satisfactory.

This is not the only successful case of dropsy I treated with apocynum, although not all yielded as readily as this case.

I believe apocynum claims a position in the Pharmocopoeia as a valuable diuretic and cannot see why so valuable a medicine should be dismissed from its contents.

SOME MORE VITAL FACTS IN DIET

A. D. Hard, M.D.
Long Beach, Calif.

When we use the word "FACTS," we are supposed to mean that the statement recorded is established beyond question as true. But usually this word is simply a record of the opinion of the user and may admit of reasonable contradiction.

In the article on page 191 of October Summary on diet, there are very many statements called facts that I cannot admit to be facts at all. Of course, the writer thinks that his ideas on the different points discussed are facts with a big "F," but when we come to compare them with the carefully recorded data of scientific works on this subject his opinions do not agree. I am not intending to substitute correct statements to supplant his presumptions, but simply to call attention in an emphatic manner to the difference between personal opinion and recorded scientific facts as established by consensus of good authority.

What is meant by "Static magnetism of the stolid animal" in connection with diet? Or "physically combustive" in connection with non-use of nitrogenous food? Or "the easy-going individual whose life is on the animal plane, therefore needs no meat." Or "eggs can only be enjoyed with safety by those who have perfect kidneys." Or "albumen is whipped into an emulsion of atmospheric air and lemon juice," and is "practically indigestible in the gastric juices of the ordinary stomach."

My reading of accepted works of deep thinkers on the subject tells me that foods serve to build up the body, to replace tissue cells that have been used in activity, to supply nerve energy, and to store up a reserve in the form of fat.

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To do this the crude foods that we eat must be prepared by stomach and intestinal digestion, and by interstitial digestion. This process consists of breaking up of the chemical units as ingested, and reformation of needed units in condition for assimilation and incorporation in the body cells. The process is largely chemical, and the normal condition of the digestive mechanism is arranged to take care of a large variety of food materials so as best to serve body needs. Abnormal conditions of the digestive mechanism, resulting from careless abuse of this function, require scientific guidance of diet selection to favor return to normalcy, but not to improve on the God-made natural condition of the well-designed machine itself. It seems to me as a mere personal opinion, that the requirements of each individual case that has deviated from the normal requires the best judgment we can give, and that is quite often, QUITE OFTEN, not productive of good results.

Science maps out a path far ahead of sensual perception, but experience alone leads us slowly and falteringly along the paths. But she leads us where reason even gets away from the path and fails.

My conclusion therefore is to OBSERVE and adhere to basic rules of easily understood and clearly defined functions in prescribing a diet for the human body.

Strong faith in God can live triumphantly anywhere.

In man's extremity, success comes from Heaven.

A fault mender is better than a fault finder.

APOCYNUM

By W. W. SWARTS,
Wichita, Texas

EDITOR MEDICAL SUMMARY:

I notice in the December issue you are asking for contributions upon the good old drug apocynum.

Well, I have been in the harness for twenty-seven years and have used apocynum in a great many cases, a few of which I will tell you of. First, will say that I have noticed a great many of our remedies have been cut out of the new pharmacopoeia and have been expecting that hydrastis would be cut next, but it has not up to yet as I know of.

Patient No. 1. Female, age forty, mother of several children, and had previously been confined, very difficult labor, (instrumental). A few days after confinement I left for Chicago to brush up a little and after returning eleven weeks later I found that she had been sick the entire time and that another physician was in attendance.

I was sent for in consultation and the case was turned over to me. I found her in a dropsical condition; her limbs were as large as her body should be and her breasts were swollen as large as about two gallon jars; abdomen much distended and heart very bad.

I will not comment any upon the treatment that she had been receiving. I immediately began the administration of the good old stand-by apocinum. Commencing with eight min. doses, increasing one min. every dose until fifteen min. were given. The kidneys began to act and next the bowels and liver, and in four or five days she was down to her normal size, feeling much better and in a month's time was able to be up and out of doors. To be sure, I did not

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neglect to sustain her strength with tonics and stimulants, hydrastis and capiscum and some myrica comp.

Case No. 2. Boy, about six years old. This boy had been sick for a long time and was taking six kinds of medicine when I was called to see him.

His abdomen was distended the worst of any patient I have ever been called to treat, bowels much constipated and stools very pale, and he was begging for something to eat all the time but was allowed nothing but something very bland. He was very badly emaciated, his limbs looked like they were nothing but skin and bone. After examining the patient, I decided the trouble was in the digestive track and especially the ducts of the liver, and to arouse them was all that was necessary. As I think that apocinum acts upon the excretory ducts of the liver I proceeded to give this patient the apocinum, combining the same with juglans—a teaspoonful of this compound every three hours, and to the surprise of the entire community, the bloating disappeared, kidneys acted normal, stools changed colors and he made a rapid recovery.

There are a number of little details concerning each patient that are of minor importance which I have omitted, not caring to make this too burdensome. Would be pleased to hear from some of the "Summary" family.

A simple application to the bites of insects and bee stings is castor oil. It allays pain and promotes a speedy cure. If a small quantity of ammonia be added to the oil and the whole thoroughly shaken, it will act even more rapidly.

For relaxed throat—palate down—gargle with mustard seed tea; the same cures cough caused by elongated uvula.

THE MEDICINAL VALUE OF ALCOHOL

By JOHN C. WARBRICK, M.D., Chicago

The statement has been made by a medical man, that if alcohol has any medicinal value it has never been demonstrated, while the faith in its virtue, it is said, is inherited rather than proved.

Thus there are various opinions regarding the merits of alcohol in a medicinal way.

Some eminent medical men in the past have believed it has much value, while others thought just the reverse.

That alcohol in the form of whisky, brandy or wine would be of some value there is hardly any doubt, because, if not, why would so many people, temperance as well as others, take it from time to to time if it did not prove beneficial to them as a drug, more so people along in years? They take it simply because they believe it does them good in some way, the same as taking anything else.

Now that alcohol, in any form of whisky, brandy or wine, has medicinal value was proved long ago, but in later years many extreme moralists, both medical and lay, can see no value in anything tainted with the odor of alcohol.

The faith in its virtue, to go according to facts and not hearsay evidence, is not at all inherited but, it may be said, has been well proved all through the ages down to the present, but, of course, those prejudiced against alcohol in any form can see no virtue in it whatever.

Clinical experience and scientific evidence is not at all lacking to prove the value of alcohol in the form of whisky, brandy or wine when used in a medicinal way.

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For more than twenty-five years, standard text-books on pharmacy and therapeutics, such as Squires' Companion to the British Pharmacopoeia and others, have always classed alcohol as a diuretic, a diaphoretic, a general stimulant and also a vascular stimulant.

Now, if alcohol did not have any such action as stated in different ways, it certainly would not be put into print in any text-book, because there would be no use in publishing statements for anyone that were not facts and no doubt given after careful experimental investigation.

It would seem that alcohol has some action in the alimentary tract by being both a disinfectant and an antiseptic to the tissues.

It is a well-known fact that alcohol preserves substances when placed in it to keep for years, then why would it not act the same way on the tissues of the human body and check the growth of bacteria? More or less alcohol as a medicine is taken every day of the year, because most of the tinctures in the drug stores are made with alcohol, so that in prescribing any of these why alcohol has to be taken along with the ingredient, and it has never done any harm, it would seem.

As far back as 1822, alcohol was known to be a valuable stimulant.

J. A. Paris, M.D., F.R.S., F.L.S., a good physician in his day, in his text-book on "The Art of Prescribing," page 137, says: "No one will deny the stimulating powers of alcohol."

William Cullen, at one time professor of physic in the University of Edinburgh, in his book on "The Practice of Physic," translated by Reid, 1818, says, on the use of wine in fevers: He has seen it strengthen the pulse, abate delirium, remove tremor, and create warmth of skin.

The same effects could be had with either whisky or brandy, he states. In cases at the point of death it may be said that the use of brandy or whisky has been very useful in helping to restore life, although this may be doubted by some.

So, in the small, flickering pulse, where hope is almost gone, let no one despair or forget that the use of whisky may be the means of turning the tide in the case for the better, as has been proved in many instances.

In cases of syncope or fatigue brandy or whisky is useful.

Many cases of colds, coughs and inflammatory conditions are relieved by hot whisky, quinine and a cathartic.

A great many old people have derived much benefit from taking whisky, milk and the yolk of egg beaten together.

Numerous people have used the combination of whisky, glycerine and cod liver oil for colds and coughs and debility to gain strength with much benefit.

Cases of dysentery may be helped by liquor, while a severe case of cholera, many years ago, was known to have been cured by it as a last resort.

Let no physician be so prejudiced against the use of liquor as a medicinal remedy that he would fail to use it where it might be of great use in some cases.

Let no physician be so prejudiced against the use of liquor as a medicinal remedy simply because, like other things, it may be abused in various ways and because he cannot possibly see how it can be of any value as a medicinal remedy.

What a great comfort a little whisky or brandy is to many an aged person now and again, and who is there that would deny, be he a physician or not, any

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such one, either a man or a woman, this comforting cheer in their declining days of life on earth? No one except a fanatic.

A temperance man, about ninety years old, expressed himself along this line. He thought if he only had a little liquor it would do him a great deal of good. He must have felt that way or he would not have made the statement, because he was not prompted to do it by anyone.

INFLUENZA AND PNEUMONIA

Although New York City is experiencing an outbreak of pneumonia and influenza, there appears to be as yet no unusual prevalence of these diseases up-state, according to the reports reaching the State Department of Health. In order to supplement the information coming in daily from hundreds of local registrars throughout the state, the Department recently telegraphed for special reports from several up-state cities, and has received replies from Utica, Binghamton, Elmira, Buffalo, Newburgh, Syracuse, Rochester, Plattsburgh and Kingston to the effect that there has been no noticeable increase in pneumonia or influenza deaths during the last week. Furthermore, telegraphic reports to the Department from the state health departments of Ohio, Illinois, New Jersey, Pennsylvania, Massachusetts and Vermont indicate that there is no epidemic of influenza or pneumonia in those states.

It is true, however, that the reports from New York City show a considerable recent increase, both in cases reported as influenza and in cases and deaths from pneumonia. Past experience shows that any marked increase of these diseases in New York City is likely to be followed within a short time by similar outbreaks in up-state communities The Department is therefore making every possible effort to obtain early information as to the character and intensity of any outbreak of influenza which may occur this winter. So far the indications are reassuring.

The United States Public Health Service, which receives regular reports from foreign countries, has recently been advised by cable from the government health authorities of England that influenza is prevalent in several parts of that country and that it is extending. Each area affected appears to experience a short epidemic, lasting from four to six weeks. The type of the disease is much milder than in 1918, and broncho-pneumonia is the chief complication. Similar outbreaks are reported from continental countries and the English officials consider a further general spread of influenza to be probable.

The reports from New York City would seem to indicate that much the same type of influenza is now prevalent in that city. In the opinion of Dr. Hermann M. Biggs, State Commissioner of Health, this type is considerably milder than that of 1918, while the pneumonia cases, which frequently follow upon the influenza, show a noticeably lower percentage of deaths.

In the view of the State Health Department, a convincing case has not yet been made out for the use of vaccines for the prevention of pneumonia. At the time of the last epidemic a thorough investigation of the efficacy of these vaccines was made, both by experiments upon animals and by careful observation and analysis of the results of this method as used among 19,000 inmates of state institutions. This investigation indicated that little or no protection against pneumonia was afforded by the use of the vaccines.

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SYPHILIS AS THE UNSUSPECTED CAUSE OF DISEASE

By BURTON W. SWAYZE, M.D.,
Allentown, Penna.

Medical literature, and, to a considerable extent, lay literature, has been devoting much space and discussion to the subject of syphilis, its early detection and its treatment.

Out of the mass of material there appears, more and more, an insistent note that this disease is the real cause back of the many common, everyday complaints that bring people to our offices for help.

Following the campaign set forth by the National Public Health Service during the war, there has developed a freedom of discussion in the lay press that has materially aided our profession in bringing home the truth of the case that syphilis is responsible for most of the physical ills of humanity.

Carefully carried out investigations and close scrutiny and tabulation of these, and case reports, emphasizes the unwelcome fact that whereas cancer and tuberculosis have heretofore held the stage as the greatest diseases with the highest mortality, yet in the light of recent tabulations syphilis has been found to now lead the list.

It is not my purpose to go deep into a scientific dissertation on this particular disease but rather to try to present some observations that I trust will set the profession to thinking and possibly explain the reason why so many common complaints we are called upon to treat do not make as satisfactory recoveries as desired.

The public is as nearly as well informed upon this greatest of the venerial diseases as is the medical profession, but, of course, not with as much scientific information as the profession is supposed to possess. The laity is not so well posted upon the etiology, pathology and smptomatology as we, perhaps, but they are posted on the recognition of evident physical signs of the disease, the use of the Wassermann as a detector and the Salvarsan injections as the cure (?) of the disease.

They are thinking, of course, of the acquired form of the disease, an acquiring associated in their mind with sexual indulgence and upon being infected, with the usual surface manifestations of the presence of the disease virus in their blood and body.

Unlike our professor, the laity does not seem to grasp the fact that syphilis is hereditary nor that it can be acquired innocently. Society, as a whole, concerns itself only with the trespassers of morals who are unfortunate enough to become infected and at once the accused finger is pointed at the victims and they are charged with having consorted with evil partners.

Medical literature, however, is more and more revealing that syphilis is hereditary and that as such it is responsible for many of the numerous other physical complaints of the human family and that many apparently innocent cases of indigestion, for instance, are really but exhibitions of syphilitic invasion. Or that thousands of people showing the active lesions of the disease have acquired the same through unsuspected and innocent causes—the handshake, the kiss, vaccination, etc.

Under our present method of questioning the patient as to his personal habits or contacts, his family history, etc., as a means of discovering the source of their present syphilitic involvement, we constantly meet the insurmountable

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wall of the patient's reserve, their deliberate lies or their ignorance of past conditions and family history.

Without some means of discovering the source of infection the physician is left stranded and must either treat conditions as he finds them or must mentally determine the patient has been guilty of moral offences and become infected.

The usual procedure, therefore, is to secure a specimen of the patient's blood and have a Wassermann made depending implicitly upon this laboratory report to confirm, or not, his suspicions.

But is the Wassermann report a true basis for diagnosis? Investigators along this line are beginning to doubt it and many are discarding the Wassermann findings as a true basis on which to build a diagnosis, for it has been found in a sufficient number of instances to prove the same, that other diseases than syphilis, give a Wassermann syphilitic blood reaction.

For instance, tuberculosis, scarlet fever, malaria, malignant tumors, sleeping sickness, jaundice, leprosy and cancer give positive Wassermann reaction and Dr. Stern, of Atlantic City, who has done a great deal of research work along this line, states that pellagra also gives a positive Wassermann reaction.

It is these confusing elements in the Wassermann test which makes it a doubtful agent in determining the existence or degree of syphilitic infection. Really the Wassermann test is not worth any more than the signature to the report and unless taken in connection with the clinical facts, is of little value in diagnostic work.

A more possible reason why the Wassermann gives the positive reaction when it is used in diseases other than syphilis lies in the fact there is a large element of hereditary syphilitics among us and such being the case they will many times show a positive Wassermann. It is just possible that the hereditary strain will be detected by the Wassermann test.

That syphilis, both the hereditary and acquired form, does appear in and is the actual controlling element in other complaints and that it manifests itself in other forms than the well-known and easily recognized common form, is being recognized more and more by investigators.

Dr. Capell has probably stated this in terms understandable, for he says: "No other disease is so like a chameleon as syphilis. There is hardly a disease it may or does not assume the form. In the stomach it shows as dyspepsia; in the joints as rheumatism; in the lungs, tuberculosis; in the kidneys, nephritis; in the liver, sclerosis; in the womb, metritis; in the appendix, appendicitis; in the bladder, cystitis; in the nervous system, neurasthenia and paralysis, etc. So frequently is it the prime or contributing cause of so many other ailments, that its detection is a matter of great moment to the afflicted."

Or Dr. Wiliam W. Graves (*American Journal Syphilis,* July, 1920) who says, in part: "So manifold are the manifestations of syphilis and so widespread is its distribution among civilized races of men that the physician is compelled to consider the possibility of syphilis as a causative or complicating factor in almost every individual who presents himself for diagnosis and treatment."

Others make similar statements based upon investigation and experience so that the dictum of Sir William Osler is particularly pertinent when he says: "Know syphilis in all its manifestations and all other things clinically will be made known unto you." Or the simple declaration of another who says: "Syphilis is the father of disease."

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Facing such facts how can we continue to blindly depend upon a test that is daily proving faulty,—as evidenced by the oft-quoted 100,000 Wassermann tests made by Bellevue Hospital in which some fifty per cent. were incorrect in findings as squared up with the clinical conditions and histories,—thereby leading us to treat diseases by name and not recognize or know the underlying and exciting cause of such diseases.

With such a large per cent. of our population having the hereditary form of syphilis (Abrams says thirty per cent. are such) it is hardly to be wondered that Bellevue Hospital failed to get clinical or historical evidence of the infection, for the patients could honestly declare they had no history of exposure to the infection nor any knowledge that they had the hereditary form.

Based on this fact, does it not explain why we get so unsatisfactory results in the common disorders that come to us for help simply because we have not considered syphilis (in any form) as the real basis of the complaint and have accordingly failed to give a treatment that would bring us results?

It is well for us, therefore, to consider syphilis as the underlying cause of most of the common complaints and we should at least give a trial treatment for this disease in order to clear the field for further therapeutic measures. Hereditary syphilis suggests, at once, moral sidestepping by our progenitors and while we can have a degree of certainty about our immediate progenitors, yet we have nothing to go upon as to those distant ones, for, as one has said: "Our sainted ancestors were tainted ancestors."

Then, too, we must consider the innocent sources of infection, placed by one investigator as being fully sixty-five per cent. infections that have come through the least suspected sources, kissing, handshaking, public utilities, street car hangers, etc., and to which should be added the investigations of Abrams, who has found fully thirty per cent. hereditarics, while the statement heard by the writer who listened to a medical officer of the army when he addressed a group of citizens, stated that the experience of the government during the war showed that fully eight per cent. of the population had the active acquired form. Truly, therefore, the "world may be becoming civilized, but it certainly is becoming syphilized," as Abrams remarks.

But to know that syphilis operates in many hydra-headed forms brings us nowhere unless we have a means of discovering the fact. To venture to "guess" that every case of indigestion, for instance, is basically caused by syphilis, is to sometimes subject a patient to needless anti-sphilitic treatment and to overlook syphilis as the cause, is to omit treatment that may spell the difference between success and failure to bring relief.

It is evident that some better method than the Wassermann as a detector of this malady must be discovered and to some who have been watching the results of the work and investigations of Abrams it begins to appear as if a better method has been found. At least, comparative tests of the same specimens of blood by the Wassermann and the Abrams' methods have proven, so far, that the latter is more accurate than the former.

In the meantime, until time has fully tested the merit of the Abrams system, it behooves the profession to consider the possibility of syphilis as the actual cause of so many common disorders of humans and investigate the question of the best method of early discovering this fact and giving treatment accordingly.

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The venereal problem is the outstanding one of the day, and should be discussed without fear or favor in every medical journal.

The Rockefeller Foundation announced today that the International Health Board has accepted an invitation to co-operate in carrying out the general scheme of reorganization of the public health activities of the Philippine Islands, which was recently made public by the President of the Senate, Manuel Quezon.

The participation of the Board will consist in lending the services of certain members of its staff for a limited period and providing specialists as consultants and assistants to Philippine Government officials in various lines of public health work. The broad program which the Government has adopted for improving health conditions includes the ultimate consolidation of all health functions in a single department of health to correspond with the ministry of health in other countries.

Among the persons whose services will be furnished by the Rockefeller Foundation is an assistant to the dean of the College of Medicine and Surgery of the University of the Philippines, who will assist in developing the medical school and will give particular attention to the problem of providing post-graduate instruction in public health so that the health workers so urgently needed in the Philippine Islands may be trained locally.

Fellowships for advanced study in the United States will be offered by the Board to exceptionally promising and well-qualified young Filipinos, to fit them for the more important administration and technical positions in the public health service and for positions in the College of Medicine and Surgery and as teachers of nursing.

Existing facilities for training of nurses are inadequate to meet the demand for hospital and private service. The nursing situation will, therefore, be studied and special attention given to training women in public health nursing.

As one important part of the plan, an assistant will be provided for the Director of the Bureau of Science, who will be expected to advise in the further development of that Bureau, which has already made notable contributions to various scientific problems. The Biological Laboratory, which is one department of the Bureau of Science, is to be expanded in order to serve as the central public health laboratory of the Philippines, with local laboratories in the provinces.

Dr. Victor G. Heiser, Director for the East of the International Health Board, and formerly Director of Health for the Philippine Islands, who is now in New York, will go to Manila in February to assist in carrying out the program.

We have careful thoughts for the stranger
And smiles for the sometime guest;
But, oft, for our own, the bitter tone;
Though we love our own the best.
—*M. E. Sangster.*

"I am only one; but still I am one. I cannot do everything; but still I can do something. And, because I cannot do everything, I will not refuse to do the something that I can do."—*Hale.*

All who joy would win must share it;
Happiness was born a twin.—*Byron.*

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Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

APOCYNUM

This remedy acts positively whenever dropsical effusions exist with puffiness or flabbiness of the tissues; puffiness under the eyes, with inactivity, lethargy, or where there is difficult breathing, all accompanied with weak heart. The remedy is eminently a dropsy remedy, but will not act so well where there is muscular rigidity or increased tonicity, or where, with extreme distention of the tissues, the surfaces are white and shiny. Small doses frequently repeated are demanded in some cases. In others, from five to twenty drops in water every two or three hours. This produces active bowel movement, which must govern the administration of the remedy in large doses.—*Dr. Ellingwood.*

Cause of Pellagra

At a recent meeting, Lavinder, perhaps the greatest authority in this country, stated: "The question to be solved—at present an unanswerable one—is whether pellagra is to be considered as a food poison derived from maize, or whether it is a parasitical disease." In reply to a question, he said: "I do not know the cause of pellagra. There is no question that the South is flooded with rotten corn that is not fit to eat, and that it is our business to get rid of it."—*Ex.*

To remove moles, apply with a splinter of wood a solution of mercury nitrate, avoiding the sound skin.

Dietetic and Therapeutic Value of Honey

Starch and sugar, when eaten, undergo a digestive change before they are assimilated.

Butler (*American Journal of Clinical Medicine, August* 1921) states that in honey, this change has been made to a considerable extent by the bees.

It is easy of assimilation and concentrated, and furnishes the same element of nutrition as do sugar and starch, imparting warmth and energy.

As a medicine, honey has great value and many uses. It is excellent in most lung and throat affections, and is often used with great benefit in place of cod-liver oil. Children generally prefer it to butter. Honey is a laxative and a sedative; in diseases of the bladder and kidneys, it is an excellent remedy.

As an external application it is irritating when clear, soothing when diluted. In many places it is much appreciated as a remedy for croup and colds. In preserving fruit, the formic acid it contains makes a better preservative than sugar syrup.

Inhalation of vinegar from a cloth will sometimes control vomiting.

A man is as good as he makes himself; but no man is good because his grandfather was.—*Lorimer.*

"The best doctors are Dr. Diet, Dr. Quiet, and Dr. Merryman."—*Spurgeon.*

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Warts

Acetic acid, U. S. P. . 10 grams.
Glacial acetic acid. . . . 90 grams.

Dispense in glass-stoppered vials. This liquid is to be used with care and should be applied by means of a toothpick directly on the wart and at the base of the wart several times a day.

Would you wisely wisdom seek?
Five things observe with care:
Of whom you speak, to whom you speak,
And how, and when, and where.

Danger from Automobile Exhaust Gases

At the suggestion of the Surgeon-General of the United States Public Health Service, the State Commissioner of Health issued today a warning regarding the danger to health and even life from the inhalation of exhaust gases from automobiles. The effect of these gases is produced very quickly, usually before the victim realizes the danger.

The following precautions should be observed in all garages:

1. Always open the garage door before starting the engine.
2. Do not allow the engine to run for any length of time in a closed garage.
3. Do not work near the exhaust of a running automobile engine.
4. Special precautions as to ventilation are necessary when in garage pits.
5. When the exhaust is used for heating a closed car the system must be free from leaks.

Persons overcome by exhaust gases from automobiles and gasoline should be removed to fresh air and artificial respiration performed until a physician arrives.

Government Need for Workers in Rehabilitation

Washington, D. C., December, 1921.—The United States Civil Service Commission states that there is urgent need for reconstruction assistants and aides in physiotherapy and occupational therapy, trained nurses, and physicians, to serve in hospitals and other establishments of the United States Public Health Service and the Veterans' Bureau in the care and rehabilitation of men injured in the World War. The Commission has announced that it will receive applications for these positions until further notice. The applicants will not be given written scholastic tests, but will be rated upon their education, training, experience, and physical ability.

The Commission points out the importance of filling these positions promptly with the best qualified workers available.

Full information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the local board of Civil Service Examiners at the postoffice or custom house in any city.

Gleet

Apply the Iodized Dionol daily by means of a deep urethral syringe, as in chronic Urethritis.

Diphtheria.—The prevention of the spread of diphtheria is very readily accomplished by the administration of a little garlic daily for a short period. (*Minchin, Med. Press, October,* 5, 1921) This quickly clears all carriers of infection, at the same time redering others safe from infection.—*American Medicine.*

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MEDICAL ADVISORY COMMITTEE

F. H. McMechan, M.D., Secretary,
Lake Shore Road, Avon Lake, Ohio

As the fate of the Practice of Medicine is at stake, this plea is being sent to every Medical Editor and County Medical Society in the United States. Kindly submit it at once to the readers of your Journal for consideration and action.

To the Members of the Medical Profession:—

The Public and Professions are being sold out to—

(1) Foundation control of "full time" medical education.

(2) Lay board domination and the "closed shop" hospital.

(3) Socialized state medicine, subsidized community health centers and hospitals under political or university control.

(4) Legislative dictation of therapy and fees.

(5) Demoralization of medical standards by the expansion of cults.

(6) Exploitation of the specialties by lay technicians.

These menacing movements will succeed unless they are combated by a powerful and united opposition. Your so-called readers are either openly fostering these destructive forces, or more subtly giving them full fling by a camouflaged neutrality.

The American Medical Association belongs to you and you are entitled to have it effectively protect your vital interests. Let your action on this nation-wide referendum carry your mandate.

In the present crisis it is up to every County Society to instruct all Delegates to the A. M. A. meeting at St. Louis, Mo., May 22-26, 1922, to vote for—

(A) A change of policy and leadership in the A. M. A. pledged to the immediate abolition of the evils mentioned, and constructive protection of medical interests.

(B) The repeal of multiple representation and plural voting privilege by Section Delegates.

(C) The election of Trustees for a period of two years; five trustees to be elected one year and four the next, to prevent the trustees from perpetuating oligarchical rule.

Unless there is drastic change in the policy and leadership of the A. M. A. the public and profession at large will continue to be misled and misrepresented in the solution of the most pressing problems affecting public welfare and the practice of medicine.

The members of the Scientific Sections are already represented by the delegates of their respective State Societies, and the voting of Section Delegates is multiple representation, and as such undemocratic and unfair. Unless this plural voting privilege is repealed, the 15 Section delegates will continue to negative and outvote the delegates of 15 State Societies having only one delegate each.

At present three of the nine A. M. A. Trustees are elected each year for a period of three years. There is a proposal before the House of Delegates, introduced at the Boston meeting (1921), to reduce the number of trustees to seven and have the term of office seven years. Unless the proposed election of trustees for seven years is nipped in the bud, the A. M. E. will be relegated to "gang rule" for all time to come.

At the Boston meeting of the A. M. A. (1921) those representing the rank and file of the profession lacked only 7 votes of being in control of the House of Delegates, and would have been able

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to initiate a policy of public and medical protection, if they had not been outvoted by the Section Delegates. In this connection the following editorial note of warning is of pertinent interest:

"For the benefit of the large number of State Journals that exchange with us, we desire to call attention to the necessity of determining where the Delegates to the A. M. A. stand on many questions of vital interest to the welfare of the medical profession at large. We have had examples of what some of the leaders in the profession would do to us if they have their way. It is time to know something about the attitude of those whom we send to represent us at the great parent organization, which supposedly represents the voice of a very large majority of the medical men in this country. The trouble of it is we sometimes are betrayed, and if necessary, in order to have our wishes respected, our Delegates ought to go instructed."—*Jour. Indiana State Medical Society*, November, 1921.

This warning is all the more necessary since the Board of Trustees at the Boston meeting (1921), reported that they had under consideration the advisability of the A. M. A. paying the expenses of the A. M. A. Delegates. This simply means further subsidizing of the delegates to control their votes and to thwart the interest of the rank and file. Each State Society that values representation by its own delegates must take action against this political maneuver.

This is your opportunity of putting your power of attorney into the keeping of only such delegates to the St. Louis meeting will openly avow their stand on all vital matters, who will fight your battles and to whom your interests will be a sacred trust.

Self-protection is the first law of life. Act now!

Fraternally yours,

MEDICAL ADVISORY COMMITTEE.

(Signed) F. H. McMECHAN, M.D.,
Secretary.

Resolution

WHEREAS, The Public and Profession are being sold out to—

(1) Foundation control of "full time" medical education.

(2) Lay board domination and the "closed shop" hospital.

(3) Socialized state of medicine, subsidized community health centers and hospitals under political or university control.

(4) Legislative dictation of therapy and fees.

(5) Demoralization of medical standards by the expansion of cults.

(6) Exploitation of the specialties by lay technicians.

THEREFORE BE IT RESOLVED, That all Delegates of the.....State Medical Society to the A. M. A. meeting in St. Louis, Mo., May 22-26, 1922, are hereby instructed to vote for—

(A) A change of policy and leadership in the A. M. A. pledged to the immediate abolition of the evils mentioned, and constructive protection of medical interests.

(B) The repeal of multiple representation and plural voting privilege by Section Delegates.

(C) The election of Trustees for a period of two years; five Trustees to be elected one year, and four next to prevent the Trustees from perpetuating oligarchical rule.

WHOOPING COUGH

℞ Bromoform .....xvj.
Alcohol.....
Tinct. card. co.....
.....āā ℥ij.
Glycerin.....q.s. ad. ℥ij.

M. Sig.—Teaspoonful three times a day. S. M. 1. 2.

Honey does not injure the teeth, as some sugars do.

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TREATMENT OF RHEUMATISM

That salicylates cure rheumatism is one of the few therapeutic facts which all admit, regardless of school or creed. But even this statement requires modification —two modifications in fact. The first of these is that the diagnosis is correct, that the patient is really suffering from rheumatism and not from some specific complaint, and the second is that the true, natural salicylate made from the natural oil of birch or oil of wintergreen is used and not the synthetic salicylate made from coal tar. The careful physician can make sure that his patient receives the true, natural salicylate by specifying "True sodium salicylate, Merrell" on his prescription. All pharmacists have it or can get it from their jobbers.

To insure the purity of their true salicylates The Wm. S. Merrell Company have purchased and now operate three birch oil stills in Connecticut, where they distill their own birch oil which they convert into true salicylates at their Cincinnati for their brochure on the True Natural Salicylates and Their Uses.

SUPPORTIVE TREATMENT OF DEBILITATED SYPHILITICS

With some syphilologists it is a routine measure to fortify specific treatment by the use of a reconstructive, the idea being, of course, to add to the resisting powers of the tissues and thereby make them more capable of combating the infection. In the case of debilitated syphilitics particularly should this plan of supportive treatment be adopted.

For this purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) has been found very useful. Its continued employment adds vigor and resistance to the tissues, making them more capable of meeting and overcoming the infectious process. The stronger and more resistant to disease processes the tissues of the body are, the more effective is the specific treatment directed against syphilis.

When it is remembered that the principle underlying the treatment of syphilis is augmentation of the body's defensive forces, the rationale of supportive treatment in conjunction with specific treatment becomes readily apparent.

N. H. C. TO ISSUE HEALTH BULLETINS

The National Health Council is planning to issue bulletins on state health legislation during 1922, when eleven state legislatures will be in session. The states are Georgia, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina and Virginia.

The bulletin will be issued without charge, primarily by the United States Public Health Service, but with the co-operation of the National Health Council. Both organizations will also have the co-operation of the Interdepartmental Social Hygiene Board, the United States Children's Bureau and various voluntary organizations such as state tuberculosis associations, mental hygiene societies, and state health officers.

MENTHOL OINTMENT FOR HEADACHE

℞ Lanolin..... 85 parts.
Paraffin Oil..... 5 parts.
Melt together and add:
Menthol..... 10 parts.

The voice with a smile. wins.

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE LIFE OF JACOB HENLE, by Victor Robinson, M.D., former editor of *The Medical Review of Reviews;* editor of *Medical Life;* 1921, Medical Life Company, 12 Mount Morris Park West, New York City, N. Y.

As the author of this Life of Jacob Henle confesses that it was a difficult matter to find material composing it, owing to the reason that there were no English translations of this, which might well be called an autobiography, there is valid excuse for being in ignorance of this scientist and his important work for medicine and its collateral branches.

It is a work that should be of absorbing interest to German doctors, for the author does not make any attempt to suppress his highly favorable and flattering comments that pervade the book. The frontispiece is a portrait of Jacob Henle and three more faces of his associates are included in the body of the text.

THE TREATMENT OF ORDINARY DISEASES, by Beverly Robinson, of New York City.

I have recently bought a little book, "The Treatment of Ordinary Diseases," by Dr. Beverly Robinson, of New York City: it is seldom one sees a little book so full of common-sense therapeutic facts. The trend of the times has been to new drugs, new ideas of treatment and to the innumerable vaccines and serums, so ably exploited by the manufacturers, that so often fail to come up to expectations, abandoning old and tried remedies that never failed to produce their characteristic effects. Many of us do not study therapeutics enough nowadays, and books on the subject are getting to be much smaller volumes, and they do not fully go into the subjects. We do not see any more of the exhaustive treatises like those of G. B. Wood, John V. Shoemaker, Bartholow, and others of the past. Books that told you the last word on the subject. There ought to be now a revised edition of Shoemaker's Mat. and Ther. It was a grand work on the subject. It is hard to get a satisfactory work on therapeutics by a modern author. Most of them are too brief and fail to impress the reader properly.

Doctor, if you have a friend who would in your opinion be interested in a helpful practical journal, such as we are striving to make THE SUMMARY, please send us his name and address; he will receive a sample copy.

Frontal headache is frequently due to enlarged middle turbinates.

"God and the doctor alike we adore,
Just on the brink of danger, not before;
The danger past, both alike are requited;
God is forgot, and the doctor slighted."

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Summary Gleanings

A GOOD PILL

A good purgative pill is made as follows:

℞ Ext. colocynth comp....℥xij.
Ext. belladonna .....℥j.
Ext. nux vomica .....℥iv.
Podophyllin .....℥ij.

Mix and make into six thousand pills.

Dr. Pitzer said: "People have learned to rely upon these pills, and say they remove biliousness, overcome constipation and always move the bowels gently without exciting pain."

In sciatica, when the pain comes in paroxysms, of a tearing, shooting, boring character, relief from heat and pressure, by flexing the leg on the abdomen. Tr. colocynth3x is the remedy, fifteen drops in half a glass of water, teaspoonful once an hour until relieved.

For moth and freckles on the face mix equal parts of glycerin and lactic acid and apply this occasionally with care.

In neurasthenia, pain in the back is one of the forms of spinal irritation present in that disease.

Don't use pepsin and pancreatin in the same preparation.

Antipyrin is incompatible with calomel and sweet spirits of niter.

Comp. tinct. benzoin is one of the best applications for sore nipples.

Four drops of oil of cinnamon swallowed dry on a lump of sugar will relieve hiccough immediately.

Try oil of peppermint for sore or caked breasts.

Strychnine is indicated in atrophy of the optic nerve, amaurosis from dissipation and the excessive use of tobacco.

To break a fit of hysteria, dash water in the patient's face, by cupfuls, one after another, until the end is accomplished, or press a lump of ice to the nape of the neck.

Zinc phosphide in 1/10 grain doses is a good remedy for internal use in herpes.

Backache is not a disease, but a symptom of one or more of a large number of disturbed conditions of the body.

Bone tenderness, especially of tibia and sternum, is frequently significant of sepsis.

A few drops of a mixture of two parts of camphorated oil and one part of ether instilled into the ear gives relief in earache.

The oil of burdock root, in combination with olive oil, has been used to stimulate the growth of the hair.

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Calcreose

A combination of calcium and pure beechwood creosote which is of value in the treatment of all forms of

Bronchitis

and other pulmonary inflammations, gastro-intestinal infections, and especially in the adjuvant drug treatment of pulmonary

Tuberculosis

not alone for its creosote action but for its calcium content.

Write for sample and literature.

THE MALTBIE CHEMICAL CO.
NEWARK, NEW JERSEY

If You Only Knew

the excellent results physicians are getting from the use of

Creo-Tussin

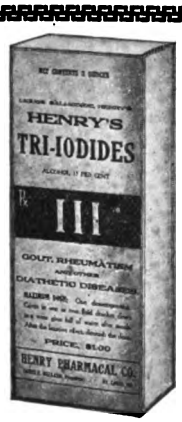
in

Whooping Cough

you would not be without it, for, as one physician writes, "good results are evident the first night."

Write for sample and literature

THE MALTBIE CHEMICAL CO.,
Newark, New Jersey



TRI-IODIDES (HENRY'S)

LIQUOR-SALI-IODIDES—8 oz. Bottles, Price $1.50

Valuable in acute or chronic diseases of the bones and joints, rheumatism, gout, syphilitic blood taint, eczema, psoriasis and all dermic disorders in which there is an underlying blood impurity.

SPECIAL NOTICE TO PHYSICIANS.

We will send an Original Bottle, $1.50 size, *Tri-Iodides* to any Physician who will send us 30c. Express Charges on same. Send Coin Stamps, Express or Money Order.

WRITE FOR BOOKLET.

Henry Pharmacal Co., *121 Vine Street, ST. LOUIS, MO.*

Eagle "Mikado" Pencil No. 174

Hexagon Shape Highly Polished in Yellow Finish, with Gilt Tip and Red Ring, fitted with best Red Erasive Rubber.

THE EAGLE MIKADO is the finest *Quality of Pencil* and contains a specially prepared lead, which is exceedingly smooth and durable.

Doctor: we will send you One Dozen of these pencils on receipt of only 75 cents; send for a Dozen at once. This offer is good for a short time only. Address "Pencil," Care Medical Summary, 2321 Park Ave., Philadelphia.

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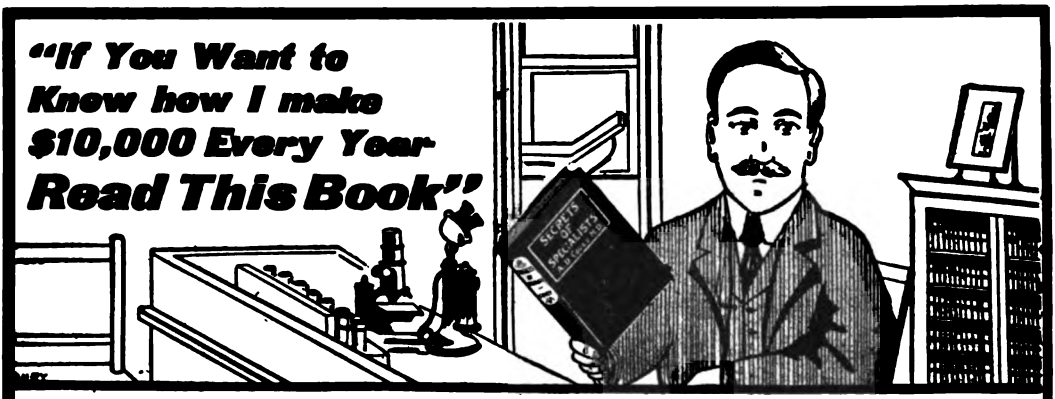
"If You Want to Know how I make $10,000 Every Year Read This Book"



YES, YOU, can make more money! Don't be content with a small yearly income. Other men in your profession get rich and they do not kill themselves riding over country roads either. You can win success just as easily as they, when you read their secrets, and use them. It's so easy. Wake up. Prepare yourself.

New "Secrets of Specialists"

By A. Dale Covey, M. D.

A gold mine of 544 pages, 1263 working formulas, complete text for over 300 operations, treatments and procedures. Any one of which may be practiced with large financial returns. Twelve operations where a simple hypodermic injection will secure a fee from $25.00 to $500.00. Just off the press.

What It Tells

How to increase your office practice.
How to establish a small sanitarium.
How to retire from general practice and specialize.
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How to make your profession pay you $10,000 a year, etc.

This book is being sold by the hundreds at the regular price of $5.00 per copy; we have secured a number of copies that will enable us to send you the book on receipt of the regular price $5.00, and include a year's subscription to the SUMMARY: so that the book will actually cost you only $3.50, in combination with the SUMMARY; remember, we have only a limited number of copies to sell, and when those are all sold this special offer ceases.

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COD LIVER OIL AND THE VITAMINES

Recent observations dealing with the vitamine content of cod liver oil re-affirm and lend additional emphasis to the well known reconstructive powers of cod liver oil.

When it is remembered that

offers to the patient everything that the plain oil does except objectionableness, then the advantage of using this highly palatable cod liver oil preparation becomes obvious.

As a reconstructive Cord. Ext. Ol. Morrhuae Comp. (Hagee) occupies a conspicuous place by reason of its definite therapeutic potency and exceptional palatability.

EASILY ASSIMILATED

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL, (THE FATTY PORTION BEING ELIMINATED), FOUR GRAINS CALCIUM GLYCEROPHOSPHATE, FOUR GRAINS SODIUM GLYCEROPHOSPHATE, ONE HALF GRAIN SALICYLIC ACID, (MADE FROM OIL WINTERGREEN), WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only. *Dispensed by all druggists.*

Katharmon Chemical Co., St. Louis, Mo.

In Intestinal Stasis

the prime object is to restore the tonicity of the bowel, and to accomplish this

PRUNOIDS

are of unique value. Absolutely free from irritating effect, this ideal laxative never gives rise to griping or excessive peristalsis, but through its stimulation of natural processes, produces as near to normal—or physiologic—evacuations, as can be brought about by drug action.

The Irritable Heart

is promptly strengthened and steadied by the systematic use of

CACTINA PILLETS

Under its continued administration, Cactina gradually improves the nutrition of the heart muscle, restores the cardiac balance and renders the heart more resistant to irritating influences.

A true cardiac tonic without cumulative effect.

Sultan Drug Co., St. Louis, Mo.

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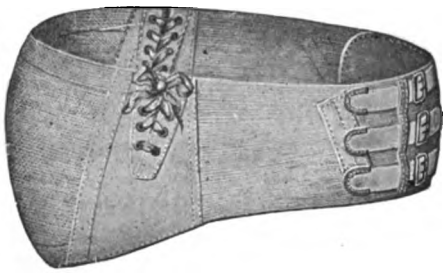

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IN TABLET FORM?

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iron and manganese content—
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AS THE LIQUID

Of special convenience for teachers, travelers, and businessmen and women.

GUDE'S PEPTO-MANGAN is, and has been for thirty years, the *standard* hematinic and general tonic and reconstructive in Anemia, Chlorosis, Loss of Appetite and exhaustive conditions generally.

GUDE'S PEPTO-MANGAN both in Liquid and Tablet Form for sale by all druggists. Samples upon application.

M. J. BREITENBACH CO., New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

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SANMETTO

This medicine is a nutrient and tonic-stimulant to the mucous membranes of the urinary system, possessing mild, soothing resolvent, diuretic and healing properties.

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Dr. D. W. RIESLAND

707 Palladio Bldg., DULUTH, MINN.

PATENTEE AND SOLE AGENT

The Riesland Therapeutic Traction Couch

Ready to attach to lamp socket

As so few of our readers have any idea of the possibilities of traction I have reproduced a number of X-ray pictures of spines taken under traction, and the same spines taken without traction. These cuts will surprise you. They tell a wonderful story, and they are yours for the asking.

These cuts together with the Sarah Hawks case prove conclusively why traction relieves so many chronic conditions when everything else fails.

After seeing these X-ray reproductions you will not be surprised to read such testimonials as that of Dr. Coblenz, of Washington, D. C., in which he says:

"I never had such a remedy for the ills of the human being. Here is a case: Mrs. M., diagnosed malignant left hip joint R. Sacro Illiac Slip. It slips out and in and pinches the Sciatic Nerve and she has some pain. She was treated in Philadelphia and New Haven, and many different things were done for her, but nothing gave her relief until I gave her this systematic tension. Now she is fine and improving wonderfully over the old method of treatment. She is in Philadelphia now and writes for the name of a man there who has one of your couches. Yours fraternally."

Or this from Dr. Robert Brown, of Minneapolis, who says:

"The couch is giving me splendid satisfaction in the treatment of chronic complaints among my patients. I relieve more chronic conditions with the couch than with any previous method."

You want to make good in your practice, and to do that you must have proper equipment to do the work. Write and I will gladly send you the reprint and the X-ray reproductions.

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THE POWERFUL GERMICIDAL

INFLUENCE OF

CAMPHO-PHENIQUE

Gives it the widest range of application in surgical conditions.

As a first aid dressing to incised or lacerated wounds, ***CAMPHO-PHENIQUE*** holds high rank as a preventive of infection and as a means of hastening cicatrization. Swab out the wound thoroughly with undiluted ***Campho-Phenique*** and dress with same. In minor surgical procedures ***Campho-Phenique*** is the ideal dressing. Saturate with it and pour on more from time to time. In most instances it will not be necessary to remove the dressing for several days.

CAMPHO-PHENIQUE LIQUID, small size 30c, large size $1.20
CAMPHO-PHENIQUE POWDER, small size 30c, large size 75c

Samples and Literature on request.

CAMPHO-PHENIQUE CO. *St. Louis, Mo. U. S. A*

Taurocol Tablets

(TOROCOL)

Directly stimulates the liver cells, producing an increased flow of the bile rich in cholates, a solvent of chloestrin and a biliary antiseptic for hepatic insufficiency, intestinal putrefaction, habitual constipation and gall stones.

TAUROCOL is a combination of bile salts, extracts of cascara sagrada, phenolphthalein and aromatics.

DOSE: Three tablets on retiring, or one three times daily before meals, reducing dose as bile increases.

Taurocol Compound Tablets

(TOROCOL)

With Digestive Ferments and Nux Vomica

FORMULA

Taurocol (Bile Salts)	**Gramme**	**1296**
Pepsin 1-3000	"	**0324**
Pancreatic Ext.	"	**0324**
Extract Nux-Vomica	"	**0081**
Aromatics		**Q. S.**

DOSE: For intestinal indigestion and autotoxaemia, one to two tablets should be taken two hours after meals; for gastric indigestion, one to two tablets one-half to one hour before meals.

MANUFACTURED EXCLUSIVELY FOR

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THE PAUL PLESSNER COMPANY

DETROIT, MICH.

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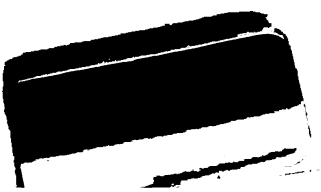

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